

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000164285

FILED  
Jul 24, 2006  
Secretary of State

Entity Name: OMP CONSULTING GROUP INC

## Current Principal Place of Business:

2648 ATLANTIC AVE.  
OPA LOCKA, FL 33154

## New Principal Place of Business:

12209 MYSTIC AVE  
NEW PORT RICHEY, FL 33654

## Current Mailing Address:

2648 ATLANTIC AVE.  
OPA LOCKA, FL 33154

## New Mailing Address:

12209 MYSTIC AVE.  
NEW PORT RICHEY, FL 33654

FEI Number: 20-1972006

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

OLMO, ZAIRA  
2648 ATLANTIC AVE.  
OPA LOCKA, FL 33154 US

## Name and Address of New Registered Agent:

OLMO, ZAIRA  
12209 MYSTIC AVE  
NEW PORT RICHEY, FL 33654 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ZAIRA OLMO

07/24/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: PESCE, OSCAR  
Address: 2648 ATLANTIC AVE.  
City-St-Zip: OPA LOCKA, FL 33154

Title: V ( ) Delete  
Name: PESCE, MIRIAM  
Address: 2648 ATLANTIC AVE.  
City-St-Zip: OPA LOCKA, FL 33154

Title: D ( ) Delete  
Name: OLMO, ZAIRA  
Address: 2648 ATLANTIC AVE.  
City-St-Zip: OPA LOCKA, FL 33154

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: PESCE, OSCAR  
Address: 12209 MYSTIC AVE  
City-St-Zip: NEW PORT RICHEY, FL 33654

Title: V (X) Change ( ) Addition  
Name: PESCE, MIRIAM  
Address: 12209 MYSTIC AVE  
City-St-Zip: NEW PORT RICHEY, FL 33654

Title: D (X) Change ( ) Addition  
Name: OLMO, ZAIRA  
Address: 12209 MYSTIC AVE  
City-St-Zip: NEW PORT RICHEY, FL 33654

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OSCAR PESCE

P

07/24/2006

Electronic Signature of Signing Officer or Director

Date