


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90212 042 ***150.00

DOCUMENT # P05000053714			
1. Entity Name ALKEBULAN OMNI SERVICES, INC.			
Principal Place of Business 3501 INVERRARY BLVD. #407 FORT LAUDERDALE, FL 33319		Mailing Address P.O. BOX 490014 FORT LAUDERDALE, FL 33349	
2. Principal Place of Business <i>Blvd</i> <i>4029 Inverrary</i> Suite, Apt. #, etc. <i>Suite 26A</i> City & State <i>Ft. Lauderdale FL</i> Zip <i>33319</i> Country <i>USA</i>		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
6. Name and Address of Current Registered Agent LYDIA, EDELL JR. 3501 INVERRARY BLVD. #407 FORT LAUDERDALE, FL 33319		7. Name and Address of New Registered Agent Name <i>Edell Lydia, Jr</i> Street Address (P.O. Box Number is Not Acceptable) <i>4029 Inverrary Blvd - Suite 26A</i> City <i>Ft. Lauderdale</i> FL Zip Code <i>33319</i>	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>Edell Lydia, Jr</i> DATE <i>5-1-06</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Edell Lydia, Jr</i>		Date <i>5-1-06</i> Daytime Phone # <i>954 4850666</i>	

4.00000



04302006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required