



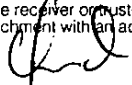
2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 26, 2006 8:00 am
Secretary of State

05-26-2006 90017 024 ***150.00

DOCUMENT # P05000111056 1. Entity Name OM FRAME REPAIR, INC.																													
Principal Place of Business 16454 NW 76 PLACE MIAMI, FL 33015			Mailing Address 16454 NW 76 PLACE MIAMI, FL 33015																										
2. Principal Place of Business 3242 NW 104 Avenue Suite, Apt. #, etc.		3. Mailing Address 3242 NW 104 Avenue Suite, Apt. #, etc.																											
City & State Sunrise FL Zip 33351		City & State Sunrise FL Zip 33351		4. FEI Number 20-3435046																									
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent GUIDO, OSCAR A 16454 NW 76 PLACE MIAMI, FL 33015			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3242 NW 104 Avenue City Sunrise FL Zip Code 33351																										
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:  DATE <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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">D</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>GUIDO, OSCAR A</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>P O BOX 834303</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>WEST HOLLYWOOD, FL 330834303</td> <td></td> </tr> </table>			TITLE	D	<input type="checkbox"/> Delete	NAME	GUIDO, OSCAR A		STREET ADDRESS	P O BOX 834303		CITY - ST - ZIP	WEST HOLLYWOOD, FL 330834303		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 30%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3242 NW 104 Avenue</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>Sunrise FL 33351</td> <td></td> </tr> </table>			TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS	3242 NW 104 Avenue		CITY - ST - ZIP	Sunrise FL 33351	
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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:  Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHMENT

50019827
#P05 000111056


May 23, 2006

Oscar A Guido
OM Frame Repair Inc.
3242 NW 104 Avenue
Sunrise, FL 33351
305-970-4753

Division of Corporations
Re: Annual Reports

Please excuse payment of \$150 for the annual report being late. Address was wrong on the mailing and we did not receive renewal, since corporation had moved. Address is now updated and I am aware of this report and will not allow any other late paperwork. Please waive penalty fee, it is greatly appreciated.

Thank you for your time,


Oscar A. Guido
OM Frame Repair
20-3435046