

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000126429

FILED  
Mar 22, 2007  
Secretary of State

Entity Name: A & OMAR MACHINE SHOP, CORP.

## Current Principal Place of Business:

10451 SW 186 STREET  
MIAMI, FL 33157 US

## New Principal Place of Business:

## Current Mailing Address:

17331 SW 149 COURT  
MIAMI, FL 33187 US

## New Mailing Address:

FEI Number: 20-3470207      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

RIOS, AGUEDA  
17331 SW 149 COURT  
MIAMI, FL 33187 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: RIOS, AGUEDA  
Address: 17331 SW 149 COURT  
City-St-Zip: MIAMI, FL 33187 US

Title: VP ( ) Delete  
Name: IGLESIAS, OMAR F  
Address: 17331 SW 149 COURT  
City-St-Zip: MIAMI, FL 33187 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: AGUEDA RIOS

P

03/22/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date