

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90042 040 ***150.00

DOCUMENT # P05000134810 1. Entity Name OMAMERICA, INC.			
Principal Place of Business 407 LINCOLN ROAD SUITE #10 B MIAMI BEACH, FL 33139		Mailing Address 407 LINCOLN ROAD SUITE #10 B MIAMI BEACH, FL 33139	
2. Principal Place of Business - No P.O. Box # 5600 Collins Ave.		3. Mailing Address 5600 Collins Ave.	
Suite, Apt. #, etc. unit 6 G		Suite, Apt. #, etc. uni 6G	
City & State Miami Beach, Florida		City & State Miami Beach, Florida	
Zip 33140		Zip 33140	
Country Miami-Dade		Country Miami-Dade	
4. FEI Number 65-1268722		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MALIZIA, ANTONINO 407 LINCOLN ROAD SUITE #10 B MIAMI BEACH, FL 33139		7. Name and Address of New Registered Agent Name MaliziaAntonino Street Address (P.O. Box Number is Not Acceptable) 5600 Collins Ave. unit 6 G City Miami Beach, FL FL Zip Code 33140	
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: <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE: 02/12/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00		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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST MALIZIA, ANTONINO 407 LINCOLN ROAD SUITE #10 B MIAMI BEACH, FL 33139	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST Malizia Antonino 5600 Collins Ave. Miami Bch FL 33140
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE: 02/12/07 <small>Date Daytime Phone #</small>	