

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000046598

Entity Name: ALPHA OMEGA PERMITS, INC.

FILED
Aug 26, 2007
Secretary of State

Current Principal Place of Business:

505 S. PINE ISLAND RD. #410
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

505 S. PINE ISLAND RD. #410
PLANTATION, FL 33324

New Mailing Address:

FEI Number: 20-4623837

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CUERVO, ARMANDO
3100 SW 22ND ST.
FT. LAUDERDALE, FL 33312 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: CFMO () Delete
Name: CUERVO, ARMANDO
Address: 3100 SW 22ND ST.
City-St-Zip: FT. LAUDERDALE, FL 33312

Title: PO () Delete
Name: ROBERTS, ADAM
Address: 1012 SW 22 TERR
City-St-Zip: FT LAUDERDALE, FL 33312

Title: V () Delete
Name: OLIVER, GERMAINE
Address: 6861 NW 24 ST
City-St-Zip: SUNRISE, FL 33313

Title: P () Delete
Name: SHORT, DAVID
Address: 505 S PIEN ISLAND RD
City-St-Zip: PLANTATION, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: P (X) Change () Addition
Name: SHORT, DAVID
Address: 505 S PINE ISLAND RD, 410
City-St-Zip: PLANTATION, FL 33324

I hereby certify that the information supplied with this filing does not qualify 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: ARMANDO CUERVO

CFMO

08/26/2007

Electronic Signature of Signing Officer or Director

Date