



Jan. 17. 2008 11:15AM

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90186 006 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000101878					
1. Entity Name OMNICON INTERNATIONAL, CORP.					
Principal Place of Business 1304 SW 160 AVE STE. 234A WESTON, FL 33326		Mailing Address 1304 SW 160 AVE STE. 234A WESTON, FL 33326			
2. Principal Place of Business - No P.O. Box # 1500 Weston Rd		3. Mailing Address 1500 Weston Rd			
Suite, Apt. #, etc. Suite # 221		Suite Apt #, etc. Suite # 221			
City & State Weston, FL		City & State Weston, FL		01172008 Chg-P CR2E034 (12/06)	
Zip 33326	Country U.S.A	Zip 33326	Country U.S.A	4. FEI Number 20-5330751	
				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 OWEN, CLAUDIA 1304 SW 160 AVE STE. 234A WESTON, FL 33326			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		
			Zip Code		
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	P ACOSTA, EDUARDO 1571 PASSION VINE CIRCLE WESTON, FL 33326	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V OWEN, CLAUDIA 1571 PASSION VINE CIRCLE WESTON, FL 33326	<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: 			02/29/08		954-3899897
3. SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #