FOR PROFIT CORPORATION ANNUAL REPORT

For Office Use Only

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DOCUMENT # P15000090873

1. Entity Name: OOMFA Restoration Team, Inc.

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FILED
Aug 30, 2016 08:00 AM
Secretary of State

CR2E034B (1/11)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
14221 SW 157 Ave	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami	City & State: Miami
Zip: FL 33174	Zip: 33174 Country: USA

4. FEI Number — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Juan Miguel Chinea, Jr.

Street Address (P.O. Box Number is Not Acceptable): 14221 SW 157 Avenue

City: Miami FL Zip Code: 33174

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: 8-22-16
(Signature, type and printed name of registered agent and title if applicable; NOTE: Registered Agent signature required when re-instating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended AR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

E-mail Address: mchinea26@gmail.com
E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Juan Miguel Chinea Jr President
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Nicholas A Hernandez Vice President
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Daisy Chinea Treasurer
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

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09/07/16--01037--001 **150.00

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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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE: _____ 8-22-16 305 924-4969
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #