

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90047 049 ***150.00

DOCUMENT # P93000003952

1. Entity Name
OMUS CORPORATION



Principal Place of Business
**1926 10TH AVENUE, NORTH
FOURTH FLOOR
LAKE WORTH, FL 33461 US**

Mailing Address
**1926 10TH AVENUE, NORTH
FOURTH FLOOR
LAKE WORTH, FL 33461 US**

50005853

2. Principal Place of Business
**625 N. FLAGLER DRIVE
Suite, Apt. #, etc.
SUITE 625**

3. Mailing Address
**625 N. FLAGLER DRIVE
Suite, Apt. #, etc.
SUITE 625**

01102005 Chg-P CR2E034 (10/03)

City & State
WEST PALM BEACH, FL
Zip
33401
Country
US

City & State
WEST PALM BEACH, FL
Zip
33401
Country
US

4. FEI Number
11-3132820
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BERNSTEIN, MICHAEL
1926 TENTH AVENUE NORTH
STE 400
LAKE WORTH, FL 33461**

Name
Street Address (P.O. Box Number is Not Acceptable)
**625 N. FLAGLER DRIVE
SUITE 625**
City
WEST PALM BEACH FL Zip Code
33401

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 *Michael Bernstein* **MICHAEL BERNSTEIN** 1/18/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **BERNSTEIN, MICHAEL E**
STREET ADDRESS **1926 10TH AVE N STE 400**
CITY-ST-ZIP **LAKE WORTH, FL 33461**

TITLE **DP** ☐ Delete
NAME **BERNSTEIN, LOUIS**
STREET ADDRESS **1926 10TH AVE N STE 400**
CITY-ST-ZIP **LAKE WORTH, FL 33461**

TITLE **D** ☐ Delete
NAME **HANDREKE BERNSTEIN, SARA**
STREET ADDRESS **1926 10TH AVE N STE 400**
CITY-ST-ZIP **LAKE WORTH, FL 33461**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **BERNSTEIN, MICHAEL E**
STREET ADDRESS **625 N. FLAGLER DRIVE, SUITE 625**
CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

TITLE **DP** ☒ Change ☐ Addition
NAME **BERNSTEIN, LOUIS**
STREET ADDRESS **625 N. FLAGLER DRIVE, SUITE 625**
CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

TITLE **D** ☒ Change ☐ Addition
NAME **HANDREKE BERNSTEIN, SARA**
STREET ADDRESS **625 N. FLAGLER DRIVE, SUITE 625**
CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Michael Bernstein* **MICHAEL BERNSTEIN** 1/18/05 (SW) 352-2280
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #