

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P93000088241

1. Entity Name
OMNI FUNDING CORPORATION



Principal Place of Business
1000 U.S. HIGHWAY 1 NORTH
UNIT 637
JUPITER, FL 33477

Mailing Address
1000 U.S. HIGHWAY 1 NORTH
UNIT 637
JUPITER, FL 33477

FILED
Jan 28, 2004 08:00 AM
Secretary of State



01182004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0463419	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TRONCALE, PETER
1000 US HIGHWAY 1 NORTH
UNIT 637
JUPITER, FL 33477

**DO NOT WRITE
IN THIS SPACE**

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 _____

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT TRONCALE, PETER 1000 U.S. HIGHWAY 1, UNIT 637 JUPITER, FL 33477
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS TRONCALE, PETER 1000 U.S. HIGHWAY 1, UNIT 637 JUPITER, FL 33477
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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U000000017929
01/28/04-80114-019 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

1/20/03

Date

631 957 0101

Daytime Phone #

PETER TRONCALE, PRES