


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90060 009 ***150.00

DOCUMENT # P95000041345
 1. Entity Name
OMP PROPERTY INVESTMENTS, INC.



Principal Place of Business
 2201 NW 30TH PLACE
 A
 POMPANO BEACH, FL 33069 US

Mailing Address
 8556 PALM PKWY
 ORLANDO, FL 32836 US


2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State

3. Mailing Address
 2201 NW 30th Place
 Suite, Apt. #, etc.
 Suite A
 City & State
 Pompano Beach, FL

Zip
 Country

Zip
 Country

33069
 USA



02282005 Chg-P CR2E034 (10/03)

4. FEI Number
 65-0585360

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

VALDES-FAULI CORPORATE SERVICES, INC.
 777 S. FLAGLER DRIVE, SUITE 500 EAST
 W. PALM BEACH, FL 33401

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 _____
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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DV	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ALNAJJAR, NADER			NAME			
STREET ADDRESS	2201 NW 30TH PLACE			STREET ADDRESS	2201 NW 30th Place, Suite A		
CITY-ST-ZIP	POMPANO BEACH, FL 33069			CITY-ST-ZIP			
TITLE	DP	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CHALEFF, LAWRENCE N			NAME			
STREET ADDRESS	2201 NW 30TH PLACE			STREET ADDRESS	2201 NW 30th Place, Suite A		
CITY-ST-ZIP	POMPANO BEACH, FL 33069			CITY-ST-ZIP			
TITLE	DVTA	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CLARKE, SUSAN			NAME	Clark, Susan		
STREET ADDRESS	2201 NW 30TH PLACE			STREET ADDRESS	2201 NW 30th Place, Suite A		
CITY-ST-ZIP	POMPANO BEACH, FL 33069			CITY-ST-ZIP			
TITLE	DVS	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DHANANI, MEENAZ			NAME			
STREET ADDRESS	2201 NW 30TH PLACE			STREET ADDRESS	2201 NW 30th Place, Suite A		
CITY-ST-ZIP	POMPANO BEACH, FL 33069			CITY-ST-ZIP			
TITLE	DV	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LAL, SANJAY			NAME			
STREET ADDRESS	2201 NW 30TH PLACE			STREET ADDRESS	2201 NW 30th Place, Suite A		
CITY-ST-ZIP	POMPANO BEACH, FL 33069			CITY-ST-ZIP			
TITLE	DV	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHETTY, DAYANANO			NAME	Shetty, Dayanand		
STREET ADDRESS	2201 NW 30TH PLACE			STREET ADDRESS	2201 NW 30th Place, Suite A		
CITY-ST-ZIP	POMPANO BEACH, FL 33069			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: *Meenaz Dhanani* **3/3/05** **1-407-239-9142**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #