

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2007 08:00 A
Secretary of State

DOCUMENT # P96000101617	
1. Entity Name OMNI REALTY, INC.	
Principal Place of Business 696 NE 125TH STREET NORTH MIAMI, FL 33161	Mailing Address 696 NE 125TH STREET NORTH MIAMI, FL 33161



03162007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0716122	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SILVER, SCOTT A
696 NE 125TH STREET
NORTH MIAMI, FL 33161**

**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, 2007 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	PSD IZHAK, YORAM 696 NE 125TH STREET NORTH MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WOLFE, MELVIN 696 NE 125TH STREET NORTH MIAMI, FL 33161
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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04/30/07-80056-005 150.00

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/07
Date

Daytime Phone # _____