2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2007 8:00 am
Secretary of State
03-20-2007 90018 014 ***150.00

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1. Entity Name
OMNI REAL ESTATE SERVICES, INC.

Principal Place of Business	Mailing Address
ONE BAYFRONT PLAZA SUITE ~~1100~~ 900 100 SOUTH BISCAYNE BLVD MIAMI, FL 33131	ONE BAYFRONT PLAZA SUITE ~~1100~~ 900 100 SOUTH BISCAYNE BLVD MIAMI, FL 33131

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01162007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0768614
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HOLLO, JEROME
100 S BISCAYNE BLVD
SUITE 1100
MIAMI, FL 33131

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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	VP
NAME	BAER, STEVE
STREET ADDRESS	100 S BISCAYNE BLVD
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	VP
NAME	HOLLO, WAYNE
STREET ADDRESS	100 SOUTH BISCYANE
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	T
NAME	KATZ, LEONARD
STREET ADDRESS	100 SOUTH BISCYANE
CITY-ST-ZIP	MIAMI, FL 33131
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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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: _____ Leonard Katz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #