


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2007 8:00 am
Secretary of State


03-20-2007 90018 014 ***150.00

DOCUMENT # P97000040970 1. Entity Name OMNI REAL ESTATE SERVICES, INC.	
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Principal Place of Business ONE BAYFRONT PLAZA SUITE 1100 900 100 SOUTH BISCAYNE BLVD MIAMI, FL 33131	Mailing Address ONE BAYFRONT PLAZA SUITE 1100 900 100 SOUTH BISCAYNE BLVD MIAMI, FL 33131
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DO NOT WRITE IN THIS SPACE

400000001



01162007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0768614	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

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

**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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BAER, STEVE 100 S BISCAYNE BLVD MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HOLLO, WAYNE 100 SOUTH BISCAYNE MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T KATZ, LEONARD 100 SOUTH BISCAYNE MIAMI, FL 33131
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 officers empowered.

SIGNATURE: Leonard Katz Leonard Katz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0244-1110