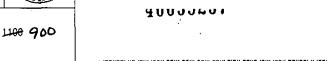
## **2007 FOR PROFIT CORPORATION**

## ANNUAL REPORT DOCUMENT # P97000040970 1. Entity Name OMNÍ REAL ESTATE SERVICES, INC. Principal Place of Business Mailing Address ONE BAYFRONT PLAZA SUITE 1400 900 ONE BAYFRONT PLAZA SUITE 1100 900 100 SOUTH BISCAYNE BLVD 100 SOUTH BISCAYNE BLVD

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

03-20-2007 90018 014 \*\*\*150.00



## DO NOT WRITE IN THIS SPACE

MIAMI, FL 33131

01162007	No Chg-P	CR2	E034 (11/05)		
4. FEI Number	,		Applied For		
6 <u>5-0768</u>	8614		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

## DO NOT WRITE IN THIS SPACE

MIAMI, FL 33131			IN THIS STAGE				
the obligati	named entity submits this statement for the pons of registered agent.  Signature, typed or printed name of registered agent and title			egistered agent, or bo	oth, in the State of Flor	da. I am familiar with, and accept	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan     Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS			<u> </u>		
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 BISCYANE MIAMI, FL 33131						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KATZ, LEONARD 100 SOUTH BISCYANE MIAMI, FL 33131		DO NOT WRITE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					•		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2						
12. I hereby indicated of the corchanged	certify that the information supplied with this on this report or supplemental report is true poration or the receive or trustee empowere or on an attachment with an address, with a	and accurate and that my signa id to execute this report as requi ill other the empowered.	ture shall ha red by Chap	ve the same legal effe ter 607, Florida Statut	9, Florida Statutes, 1 sect as if made under o les; and that my name	urther certify that the information ath; that I am an officer or director appears in Block 10 or Block 11 if	
SIGNAT	URE:SIGNAZURE AND TYPED OR PRINTE	D NAME OF STENING OFFICER OR DIRECT	ON A	W FAID	Date	Daytime Phone #	

02H-1:0