

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000068145

Entity Name: OBM MIAMI, INC.

FILED  
Apr 23, 2008  
Secretary of State

## Current Principal Place of Business:

2600 DOUGLAS ROAD  
SUITE 510  
CORAL GABLES, FL 33134 US

## New Principal Place of Business:

## Current Mailing Address:

2600 DOUGLAS ROAD  
SUITE 510  
CORAL GABLES, FL 33134

## New Mailing Address:

2600 DOUGLAS ROAD  
SUITE 510  
CORAL GABLES, FL 33134 US

FEI Number: 65-0787183

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

CORPORATION COMPANY OF MIAMI  
2600 DOUGLAS ROAD  
SUITE 510  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: RUIZ, BAUDILJO  
Address: 2600 DOUGLAS RD., SUITE 510  
City-St-Zip: CORAL GABLES, FL 33134

Title: PD ( ) Delete  
Name: KULIG, DOUGLAS A.  
Address: 2600 DOUGLAS ROAD, SUITE 510  
City-St-Zip: CORAL GABLES, FL 33134

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: WILSON, MICHAEL  
Address: 2600 DOUGLAS RD, SUITE 510  
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOUGLAS A. KULIG

PD

04/23/2008

Electronic Signature of Signing Officer or Director

Date