

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90252 016 ***150.00

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1. Entity Name
W/B OMNI CORP.



Principal Place of Business

2665 S. BAYSHORE DR., STE. 1002
MIAMI, FL 33133

Mailing Address

2665 S. BAYSHORE DR., STE. 1002
MIAMI, FL 33133

2121 PONCE DE LEON BLVD. #1250
CORAL GABLES, FL 33134

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CORAL GABLES, FL 33134

50018782



04272006 No Chg-P CR2E034 (11/05)

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4. FEI Number
65-0791428

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STEARNS WEAVER MILLER WEAVER, ET AL
C/O RICHARD E. SHATZ, ESQ
150 W FLAGLER ST, STE 2200
MIAMI, FL 33130

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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 reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME WEISER, WARREN
STREET ADDRESS 2665 S. BAYSHORE DR., STE. 1002
CITY-ST-ZIP MIAMI, FL 33133

TITLE D
NAME GREENBERG, CAROL
STREET ADDRESS 2665 S. BAYSHORE DR., STE. 1002
CITY-ST-ZIP MIAMI, FL 33133

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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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 like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WARREN P. WEISER

4/26/06

Date

305-854-7342

Daytime Phone #