


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90147 007 ***150.00

DOCUMENT # P97000094429

1. Entity Name
OMNI RESIDENTIAL, INC.



Principal Place of Business Mailing Address

115 NW 167 STREET
 STE 210
 NORTH MIAMI BEACH, FL 33169

115 NW 167 STREET
 STE 210
 NORTH MIAMI BEACH, FL 33169

24069144



2. Principal Place of Business 3. Mailing Address

One SE 3rd Avenue **One SE 3rd Ave.**

Suite, Apt. #, etc. Suite, Apt. #, etc.

#3170 **#3170**

04272004 Chg-P CR2E034 (10/03)

City & State City & State

Miami, FL **Miami, FL**

4. FEI Number Applied For

65-0792573 Not Applicable

Zip Country Zip Country

33131 **USA** **33131** **USA**

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

6. Name and Address of Current Registered Agent

BEHAR, SABY
C/O AMERICAN LAND
115 NW 167 STREET SUITE 300
NORTH MIAMI BEACH, FL 33169

7. Name and Address of New Registered Agent

Name
American Land Housing Group, Inc.

Street Address (P.O. Box Number is Not Acceptable)
One SE 3rd Avenue

Suite # 3100

City State Zip Code
Miami **FL** **33131**

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 **Laura Rodriguez** **CONTROLLER** **4/27/04**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DVS	<input type="checkbox"/> Delete
NAME	BEHAR, SABY	
STREET ADDRESS	115 NW 167 STREET, STE 300	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33169	
TITLE	DV	<input type="checkbox"/> Delete
NAME	TRACY, GRANVIL	
STREET ADDRESS	115 NW 167 STREET, STE 300	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33169	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	One SE 3 Ave, #3100	
CITY-ST-ZIP	Miami, FL 33131	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	One SE 3 Ave, #3100	
CITY-ST-ZIP	Miami, FL 33131	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **Granvil Tracy** **4/29/04** **305-654-1500**

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