


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 14, 2008 08:00 AM
Secretary of State**

DOCUMENT # P99000014119 1. Entity Name OMEGA SIGNS, CORP.		
Principal Place of Business 2545 NW 74 AVE MIAMI, FL 33122	Mailing Address 2545 NW 74 AVE MIAMI, FL 33122	



01182008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0895489	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PARDEDES, MAYRA E 12340 SW 35 ST MIAMI, FL 33175		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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PAREDES, MAYRA E 12340 SW 35 ST MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MENESES, RENE 2545 NW 74 AVE MIAMI, FL 33122
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**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

Mayra
2/7/08 305-718-0715
Daytime Phone #