## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REI				
DOCUMENT # P99000020855  1. Entity Name THE OMI GROUP, INC.				FILED BHAY 16 PH 1:12
2200 N COMMERCE PKWY 2200 #100 #100	Mailing Address 2200 N COMMERCE PKWY #100 WESTON, FL 33326 US		IALLAHASSEE, FLORIDA	
DO NOT WRITE IN THIS SPACE			04292008 No Cl 4. FEI Number 65-0901947 5. Certificate of Status E	Applied For Not Applicable
6. Name and Address of Current Registered Agent  MARIO R. DELGADO, P.A. 2000 PONCE DE LEON BLVD. SUITE 102 CORAL GABLES, FL 33134		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				
After May 1, 2008 Fee will be \$550.00	<ol> <li>Election Campaign Financing Trust Fund Contribution.</li> </ol>	~ _ +	<b>00</b> May Be d to Fees	
TITLE PSTD NAME ACOSTA, NELSON STREET ADDRESS CITY-ST-ZIP WESTON, FL 33326  TITLE NAME STREET ADDRESS CITY-ST-ZIP	as		300 <b>1</b> 06/04/08-	.30737693 -01034001 **6038.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TO STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE				
STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling indicated on this report or supplemental report is true and a of the corporation or the receiver or trustee empower to changed, or on an attachment with an address, will all other the corporation or the receiver or trustee.	accurate and that my signature	shall have the s	ame legal effect as if mad	e under oath: that I am an officer or director
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Date  Daytime Priore #				