2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000041603

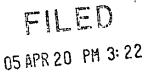
1. Entity Name
OMI OF BOYNTON BEACH, INC.



Principal Place of Business

C/O OMI GROUP, INC. 2200 N. COMMERCE PKWY. #100 WESTON, FL 33326 US Mailing Address

C/O OMI GROUP, INC. 2200 N. COMMERCE PKWY. #100 WESTON, FL 33326 US



CURETARY OF STATE



DO NOT WRITE IN THIS SPACE

01172005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0919948

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Daytime Phone #

6. Name and Address of Current Registered Agent

MARIO R. DELGADO, P.A. 2000 PONCE DE LEON BLVD #102 CORAL GABLES, FL 33134

SIGNATURE:

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the plions of registered agent.	urpose of changing its register	ed office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title is	applicable. (NOTE: Registere	Agent signature د	required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.			00052653225
10.	OFFICERS AND DIREC	TORS		04 /7	<u> </u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ACOSTA, NELSON 2200 N COMMERCE PKWY #100 WESTON, FL 33326				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
of the cor		to execute this report as requi			(i), Florida Statutes. I further certify that the information of as if made under oath; that I am an officer or director as; and that my name appears in Block 10 or Block 11 if

NTED NAME OF SIGNING OFFICER OF DIRECTOR