2005 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P99000045748 OOMS INVESTMENT CORPORATION

FILED Jan 24, 2005 08:00 AM Secretary of State

Fee Required

.00

Principal Place of Business _

666 71 STREET MIAMI BEACH, FL 33141 Mailing Address

666 71 STREET

MIAMI BEACH, FL 33141



DO NOT WRITE IN THIS SPACE

01172005	No Chg-P	CR2	CR2E034 (10/03)		
4. FEI Number			Applied For		
65-0920	245		Not Applicabl		
5. Certificate of Status Desired			\$8.75 Additional		

6. Name and Address of Current Registered Agent					
ROUSSO, MARK E 18851 NE 29TH AV SUITE 900 MIAMI, FL 33180				DO NOT WRITE IN THIS SPACE	

the obligations of registered agent.			
SIGNATURE Signature, typed or printed name of registered agent and title	Il applicable (NOTE, Registered Agent signature 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. Added to Fees		

5. 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

	organization of process of process and a second and a second and				
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Financh Trust Fund Contribution.	ng 🗆	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRE	CTORS		**************************************	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OOMS, CHARLES F 666 71 STREET MIAMI BEACH, FL 33141				U00000190032 -01/24/05-80119-012 150.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD OOMS, LIA 666 71 STREET MIAMI BEACH, FL 33141			· · — ··	· ·····
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME					

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

STREET ADDRESS CITY-ST-ZIP

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR