

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000045748

FILED  
Jul 10, 2006  
Secretary of State

Entity Name: OOMS INVESTMENT CORPORATION

**Current Principal Place of Business:**

666 71 STREET  
MIAMI BEACH, FL 33141

**New Principal Place of Business:**

**Current Mailing Address:**

666 71 STREET  
MIAMI BEACH, FL 33141

**New Mailing Address:**

FEI Number: 65-0920245

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROUSSO, MARK E  
18851 NE 29TH AVENUE  
SUITE 900  
MIAMI, FL 33180 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: OOMS, CHARLES F  
Address: 666 71 STREET  
City-St-Zip: MIAMI BEACH, FL 33141

Title: TD ( ) Delete  
Name: OOMS, LIA  
Address: 666 71 STREET  
City-St-Zip: MIAMI BEACH, FL 33141

Title: VSD ( ) Delete  
Name: SIJSTERMANS, PAUL  
Address: 666 71 STREET  
City-St-Zip: MIAMI BEACH, FL 33141

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES OOMS

PD

07/10/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date