


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS
04 JAN 26 PM 3:29

DOCUMENT # P99000047746			
1. Entity Name OMNI HEALTH CENTER, INC.			
Principal Place of Business 2001 NW 7 ST. 300 MIAMI, FL 33125		Mailing Address 1830 SW 92 PLACE MIAMI, FL 33165	
2. Principal Place of Business 2001 NW 7 ST		3. Mailing Address Same	
Suite, Apt. #, etc. 101		Suite, Apt. #, etc.	
City & State MIAMI FL		City & State	
Zip 33125		Country	
4. FEI Number 65-0927517		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		7. Name and Address of New Registered Agent	
ALEJO, JOSE 7301 W FLAGLER STREET MIAMI, FL 33144		Name	
		Street Address (P.O. Box Number is Not Acceptable) 600029312086	
		City FL	
		Zip Code 02/06/04--01003--006 **150.00	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	ALEJO, JOSE <input type="checkbox"/> Delete	TITLE P	Alejo Jose <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEJO, JOSE	NAME	1830 SW 92 PL
STREET ADDRESS	5518 W FLAGLER STREET	STREET ADDRESS	MIAMI FL 33165
CITY-ST-ZIP	MIAMI, FL 33134	CITY-ST-ZIP	
TITLE S	ALEJO, ROSALIA <input type="checkbox"/> Delete	TITLE S	Alejo Rosalia <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEJO, ROSALIA	NAME	1830 SW 92 PL
STREET ADDRESS	5518 W FLAGLER STREET	STREET ADDRESS	MIAMI FL 33165
CITY-ST-ZIP	MIAMI, FL 33134	CITY-ST-ZIP	
TITLE VP	SALAZAI, YOLANDA <input checked="" type="checkbox"/> Delete	TITLE VP	OSWALDO SANDOVAL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SALAZAI, YOLANDA	NAME	4154 STAGHORN LANE
STREET ADDRESS	7401 SW 149 COURT	STREET ADDRESS	FT LAUDERDALE, FL 33331
CITY-ST-ZIP	MIAMI, FL 33193	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <u>Rosalia Alejo</u>		Date: <u>1-23-04</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	