

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90025 047 ***150.00

DOCUMENT # P99000053764

1. Entity Name

OMALAS, INC.



Principal Place of Business

413 SE 1ST AVE
FLORIDA CITY FL 33034

Mailing Address

413 SE 1ST AVE
FLORIDA CITY FL 33034

2. Principal Place of Business

411 S.E. 1ST AVE

Suite, Apt. #, etc.

3. Mailing Address

411 S.E. 1ST AVE

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

FLORIDA CITY, FL

City & State

FLORIDA CITY, FL

4. FEI Number

65-0956183

Applied For

Not Applicable

Zip

33034

Country

U.S.A

Zip

33034

Country

U.S.A

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

PORCH, C. E.
1273 NW SPRUCE RIDGE DR.
STUART FL 34994

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	PATEL, PREMSARAN	
STREET ADDRESS	333 SE 1ST AVE., U.S. HWY. 1	
CITY-ST-ZIP	FLORIDA CITY FL 33034	
TITLE	DP	<input type="checkbox"/> Delete
NAME	PATEL, BHARTI	
STREET ADDRESS	333 SE 1ST AVE	
CITY-ST-ZIP	HOMESTEAD FL 33034	
TITLE	DT	<input type="checkbox"/> Delete
NAME	PATEL, ILAKUMARI	
STREET ADDRESS	1223 NE 1ST AVE	
CITY-ST-ZIP	FLORIDA CITY FL 33034	
TITLE	DS	<input type="checkbox"/> Delete
NAME	PATEL, JYOTI S	
STREET ADDRESS	1326 S FIELDLARK LANE	
CITY-ST-ZIP	HOMESTEAD FL 33035	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Jyoti Patel

Secretary

JYOTI PATEL

2/7/04

3052189389

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #