


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90138 015 ***150.00

| | | |
|---------------------------------------|--|---|
| DOCUMENT # P99000053764 | |  |
| 1. Entity Name OMALAS, INC. | | |

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|---|---|
| Principal Place of Business 411 S.E. 1ST AVE FLORIDA CITY, FL 33034 | Mailing Address 411 S.E. 1ST AVE FLORIDA CITY, FL 33034 |
|---|---|

50008921



| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

01252005 Chg-P CR2E034 (10/03)

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|------------------------------------|--|
| 4. FEI Number 65-0956183 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

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|---|---------------------------------------|
| 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 | |
| PORCH, C. E. 1273 NW SPRUCE RIDGE DR. STUART, FL 34994 | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | | |
| | | City | FL |

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, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

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|--|---|---|--|
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PATEL, PREMSARAN 333 SE 1ST AVE., U.S. HWY. 1 FLORIDA CITY, FL 33034 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP PATEL, BHARTI 333 SE 1ST AVE HOMESTEAD, FL 33034 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition AMAR. P. PATEL 411 S.E. 1ST AVE FLORIDA CITY, FL 33034 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT PATEL, ILAKUMARI 1223 NE 1ST AVE FLORIDA CITY, FL 33034 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DAYABHAI. A. PATEL 333 SE. 1ST AVE FLORIDA CITY, FL 33034 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS PATEL, JYOTI S 1326 S FIELDLARK LANE HOMESTEAD, FL 33035 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SANJAY KUMAR. S. PATEL 409 S.E. 1ST AVE FLORIDA CITY, FL 33034 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: **SANJAY KUMAR. S. PATEL** **1/25/05** **1-305-218-9389**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #