2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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2415 MEDINA WAY

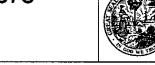
Principal Place of Business

WEST PALM BEACH FL 33401



FILED Feb 19, 2003 8:00 am Secretary of State 02-19-2003 90166 048 ***150.00

JOCUMENI#	P99000085573	
. Entity Name		100
OMAS INC.		
		1/2
		V23



2. Principal Place of Business

Mailing Address 2415 MEDINA WAY WEST PALM BEACH FL 33401

3. Mailing Address

10368 1 EULA	hago DA.	Ho.	BOX	430					
Suite, Apt. #, etc.	Sur	Abt # etc.	R.	*_		☐ CHECK	HERE IF MAK	ING CHANGES	
City & State ALM	BKACH A City	& State	Ahm	BEACH	1 F/4. F	El Number 36-46 4	5468		plied For t Applicable
334/2 Co	ountry A Zip	3-48-0	Count	USA	5. (Certificate of Status De	sired	\$8.75 Add — Fee Required	
6. Name and	Address of Current Registere	d Agent			7. ۸	lame and Address of	New Register	d Agent	
				Name	L	45 T/1/	025H	•	
WALSH, THOMAS T				Street Add	tess (P.O. B	ox Number is Not Acq	eptable)	٠ ٦	<u> </u>
265 Granada Rd.			-	/	036	5 7 84	ANA	90 UI	<u>C, </u>
WEST PALM BEACH FL 3	3401					- ,	C	,	
	<u> </u>			City W	· TAh		<i>†</i> F	·L Zin Cod	4/2
8. The above named entity sub-	mits this statement for the purp	ose of changing i	ts registere	d office or re	gistered age	ent, or both, in the Sta	e of Florida. 1 a	ım familiar with, a	and accept
the obligations of registered	ayen.			1.00					
SIGNATURE	//cmes	<u> </u>		are	• -				
Signature, types or profit	ed name of registered agent and title if arto	licative. (NC	DTE: Registered	Agent signature r	required when re	instating)	DAT	E	
FILE NOW!!! FE	E IS \$150.00					9. Election Camp	eian Eineneina	ės n	Ω α
After May 1, 2003 Fe						Trust Fund Cor			O May Be to Fees
Make Check Payable to Flor	·								
10. / PV	OFFICERS AND DIRECTOR		11.		AD	DITIONS/CHANGES	O OFFICERS A		
WALCH THOM	AS T	☐ Delete	TITLE		_	a a 455		change	☐ Addition
STREET ADDRESS 2415 MEDINA			NAME STREE	ET ADDRESS	40-E	304 430	1	_	
CITY-ST-ZIP WEST PALM BE				ST-ZIP	TALL	BOY 430 n Beneff,	17 7.	3480	
TITLE	· · · · · · · · · · · · · · · · · ·	☐ Delete	TITLE		71710		., , , ,	☐ Change	☐ Addition
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STREET ADDRESS			STREE	ET ADDRESS					i
CITY-ST-ZIP	يوال والمستعينية وجدم		CITY-	ST-ZIP	e 75			-	
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CITY-ST-ZIP	_			ST-ZIP		···-			
12. I hereby certify that the infor	mation supplied with this filing	does not qualify for	or the exen	nption stated	in Section 1	19.07(3)(i), Florida St	atutes. I further	certify that the in	formation

indicated on this report or supplement of the corporation of the receiver or changed, or on any attackment with 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 ceiver of trystee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if nent with an address, with all other like empowered.

SIGNATURE