


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000093470	
1. Entity Name OMI VENTURES, INC.	

Principal Place of Business % NELSON ACOSTA 1155 BRICKELL BAY DR. #1904 MIAMI, FL 33131 US	Mailing Address % NELSON ACOSTA 1155 BRICKELL BAY DR. #1904 MIAMI, FL 33131 US
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**DO NOT WRITE IN THIS SPACE**

FILED  
08 MAY 16 PM 1:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04292008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0956841	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**

MARIO R. DELGADO, P.A.  
2000 PONCE DE LEON BLVD.  
SUITE 102  
CORAL GABLES, FL 33134

**DO NOT WRITE  
IN THIS SPACE**

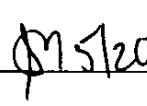
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ACOSTA, NELSON 2200 N COMMERCE PKWY #100 WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/08

Date

Daytime Phone #