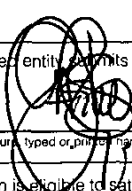
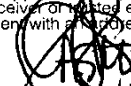


2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 09, 2001 8:00 am
Secretary of State

01-09-2001 90045 032 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # S05026			
1. Entity Name OMEGA & ASSOCIATES, INC.			
Principal Place of Business 6905 NW 52ND ST. MIAMI FL 33166		Mailing Address 6905 NW 52ND ST. MIAMI FL 33166	
2. Principal Place of Business 3560 NW 115th Ave Suite, Apt. #, etc.		3. Mailing Address 3560 NW 115th Ave Suite, Apt. #, etc.	
City & State Miami, FL		City & State Miami, FL	
Zip 33178		Country USA	
4. FEI Number 65-0221948		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 CASTRO, EDUARDO 6905 NW 52ND ST. MIAMI FL 33166		7. Name and Address of New Registered Agent Name Castro, Eduardo Street Address (P.O. Box Number is Not Acceptable) 3560 NW 115th Ave City Miami FL Zip Code 33178	
8. The above named entity admits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.			
SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input checked="" type="checkbox"/> (See criteria on back)		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CASTRO, EDUARDO 6905 NW 52ND ST. MIAMI FL 33166 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Castro, Eduardo 3560 NW 115th Ave Miami, FL 33178 <input checked="" 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
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
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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
13. 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 11 or Block 12 if changed, or on an attachment with authority, with all other like empowered.			
SIGNATURE: 		Date 01/04/2001 Daytime Phone # 305-471-8169	

CR2E034 (10/00)