


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 10, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S12617</b> 1. Entity Name <b>OMEGA CONTROLS, INC.</b>	
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Principal Place of Business <b>1669 W. 39 PLACE HIALEAH, FL 33012 US</b>	Mailing Address <b>1669 W. 39 PLACE HIALEAH, FL 33012 US</b>
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01062006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0228400</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**GARCIA, JUAN A.  
1371 W 42 ST  
HIALEAH, FL 33012**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

1100000380998  
01/11/06-20036-009 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD GARCIA, JUAN A. 1371 W 42 ST HIALEAH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD GARCIA, ANAYS 1371 W 42 ST HIALEAH, FL
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**DO NOT WRITE  
IN THIS SPACE**

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, for an address, with all other like empowered.

**SIGNATURE:**  **Juan A. Garcia** **1-6-06 - 305-558 3089**  
Signature, typed or printed name of signing officer or director Date Daytime Phone #