

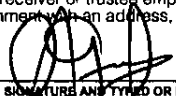


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # S12617 1. Entity Name OMEGA CONTROLS, INC.			
Principal Place of Business 1669 W. 39 PLACE HIALEAH, FL 33012 US		Mailing Address 1669 W. 39 PLACE HIALEAH, FL 33012 US	
DO NOT WRITE IN THIS SPACE			
		02192008 No Chg-P CR2E034 (11/05)	
		4. FEI Number 65-0228400	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			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD GARCIA, JUAN A. 1371 W 42 ST HIALEAH, FL	DO NOT WRITE IN THIS SPACE U00000838758 03/06/08-80020-019 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD GARCIA, ANAYS 1371 W 42 ST HIALEAH, FL		
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: 		02/20/08 305-558-3089	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	