


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

<b>DOCUMENT # S97215</b> 1. Entity Name <b>OMEGA MARKETING, INC.</b>	
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Principal Place of Business <b>7159 SW 148TH PLACE MIAMI, FL 33193</b>	Mailing Address <b>7159 SW 148TH PLACE MIAMI, FL 33193</b>
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01302008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0300249</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>VALVERDE, ONAN 7159 SW 148 PLACE MIAMI, FL 33193</b>
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPT VALVERDE, ONAN 7159 SW 148TH PLACE MIAMI, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS VALVERDE, BLANCA E 7159 SW 148TH PLACE MIAMI, FL</b>
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02/18/08-80012-013 150.00

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: Onan Valverde President 2-6-08 JOR 386-5019  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #