

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 07, 2004 8:00 am**  
**Secretary of State**

04-07-2004 90009 022 \*\*\*150.00

**DOCUMENT # V13567**

1. Entity Name

OMNIA PROPERTIES INCORPORATED



Principal Place of Business

6551 NW 74TH AVE  
MIAMI FL 33166  
US

Mailing Address

6551 NW 74TH AVE  
MIAMI FL 33166  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0314228

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MIR, HECTOR J.  
2655 LEJEUNE RD  
STE 1107  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name **LUZ ELENA ARCILA**  
Street Address (P.O. Box Number is Not Acceptable)  
**11750 SW 18th #530**  
City **MIAMI** FL Zip Code **33175**

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

**04-05-04**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> Delete
NAME	GIANNANGELI, ROBERTO	
STREET ADDRESS	AVE PPAL EL BOSQUE-EDIF	
CITY-ST-ZIP	CARACAS, VENEZUELA	
TITLE	DVPS	<input type="checkbox"/> Delete
NAME	GIANNANGELI, FAUSTO	
STREET ADDRESS	AVE PPAL EL BOSQUE-EDIF	
CITY-ST-ZIP	CARACAS, VENEZUELA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LUZ ELENA ARCILA	
STREET ADDRESS	11750 SW 18th #530	
CITY-ST-ZIP	MIAMI, FL. 33175	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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

**04-05-04(305)597-9785**

Date

Daytime Phone #