

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000011367

Entity Name: OMNI CHARITIES INTERNATIONAL, INC.**Current Principal Place of Business:**507 N FEDERAL HWY
HALLANDALE, FL 33009**Current Mailing Address:**507 N FEDERAL HWY
HALLANDALE, FL 33009 US**FEI Number:** 47-2517395**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SPERDUTO, GUY D
8963 STIRLING ROAD
STE. 101
COOPER CITY, FL 33328 US*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.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

| | |
|-----------------|-----------------------|
| Title | P/D |
| Name | BOUKHARAEVA, ELVIRA |
| Address | 21204 HARBOR WAY #124 |
| City-State-Zip: | AVENTURA FL 33180 |

| | |
|-----------------|--------------------------|
| Title | VP/D |
| Name | SOROKIN, VITALII |
| Address | 467 GOLDEN ISLE DR. #104 |
| City-State-Zip: | HALLANDALE FL 33009 |

| | |
|-----------------|--------------------------|
| Title | T/D |
| Name | SVAVOLYA, IGOR |
| Address | 467 GOLDEN ISLE DR. #104 |
| City-State-Zip: | HALLANDALE FL 33009 |

| | |
|-----------------|-----------------------|
| Title | S/D |
| Name | KURAYEV, ROBERT |
| Address | 21204 HARBOR WAY #124 |
| City-State-Zip: | AVENTURA FL 33180 |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ELVIRA BOUKHARAEVA**PRESIDENT****04/04/2021**

Electronic Signature of Signing Officer/Director Detail

Date