

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000064489

**Entity Name:** OMEGA K, INC.

**Current Principal Place of Business:**

19239 NO. DALE MABRY HWY.  
#148  
LUTZ, FL 33548

**Current Mailing Address:**

19239 NORTH DALE MABRY HIGHWAY  
#148  
LUTZ, FL 33548 US

**FEI Number:** 46-0654787

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LABADIE, JAMES  
19239 NO. DALE MABRY HWY.  
#148  
LUTZ, FL 33548 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            CEO  
Name            LABADIE, JAMES  
Address        4800 SAWGRASS BREEZE DR.  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title            CFO  
Name            SEE, YEWPO  
Address        67 HAWTHORNE ROAD  
City-State-Zip: NEW CANAAN CT 06840

Title            P  
Name            LEE, RYAN  
Address        124 WOODRIDGE DRIVE  
City-State-Zip: NEW CANAAN CT 06840

Title            VP  
Name            HUNTER, JAYSON  
Address        40 GOLDTAIL DRIVE  
City-State-Zip: ST. CHARLES MO 66301

Title            SEC  
Name            SEE, YEWPO  
Address        67 HAWTHORNE ROAD  
City-State-Zip: NEW CANAAN CT 06840

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JAMES R. LABADIE

CEO

04/24/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date