

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000036405

**Entity Name:** OMAR ET AL, INC.

**Current Principal Place of Business:**

2462 SUMMER TREE RD E  
JACKSONVILLE, FL 32246

**Current Mailing Address:**

2462 SUMMER TREE RD E  
JACKSONVILLE, FL 32246 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

MONA, MAHMOUD  
2462 SUMMER TREE RD E  
JACKSONVILLE, FL 32246 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 PVST  
Name MONA, MAHMOUD  
Address 2462 SUMMER TREE RD E  
City-State-Zip: JACKSONVILLE FL 32246

Title D  
Name FAKHOURI, DINA  
Address 2462 SUMMER TREE RD E  
City-State-Zip: JACKSONVILLE FL 32246

Title D  
Name MONA, OMAR  
Address 2462 SUMMER TREE RD E  
City-State-Zip: JACKSONVILLE FL 32246

*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:** MAHMOUD MONA

04/22/2014

Electronic Signature of Signing Officer/Director Detail

Date