


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 15, 2007 8:00 am**  
**Secretary of State**

03-15-2007 90021 040 \*\*\*150.00

DOCUMENT # P96000046031			
1. Entity Name OMNI MANAGEMENT CONSULTANTS, INC.			
Principal Place of Business 240 W 98TH ST 14E NEW YORK, NY 10025		Mailing Address 240 W 98TH ST 14E NEW YORK, NY 10025	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent SHEER, EMERY B CPA 9655 SO DIXIE HIGHWAY 3 FLOOR MIAMI, FL 33156		7. Name and Address of New Registered Agent Name: EMERY SHEER CPA Street Address (P.O. Box Number is Not Acceptable): 2525 PONCE DE LEON BLVD 5th Fl City: CORAL GABLES FL Zip Code: 33134	
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: <i>Jul Form</i> DATE: 3/19/07 <small>(Signature, typed or printed name of registered agent and title is required. (NOTE: Registered Agent signature required when reappointing)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D FORMAN, SOL 240 W 98 ST 14E NEW YORK, NY 10025 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Jul Form</i>		3/19/07 212 665-8669	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR</small>		<small>Date</small>	



03092007 Chg-P CR2E034 (12/06)

4. FEI Number  
65-0668841 Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required