## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000009784

Entity Name: O.R.D.P., INC.

FILED Jul 03, 2008 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:	
	HWEST 148TH STREET AMI, FL 33161		
Current Mailing Address:		New Mailing Address:	
POST OFFICE BOX 611663 NORTH MIAMI, FL 33161			
	65-0976317 FEI Number Applied For ( ) FEI Nuce with s. 607.193(2)(b), F.S., the corporation did not receive Address of Current Registered Agent:	·	Certificate of Status Desired ( )  of New Registered Agent:
	-	Name and Address C	n New Registered Agent.
LITTLE RIV 7521 N.W. SUITE 1A MIAMI, FL			
The above in the State	named entity submits this statement for the purpose of Florida.	of changing its registere	d office or registered agent, or both,
SIGNATUR	RE:		
	Electronic Signature of Registered Agent		Date
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () Delete SHUFORD, LORNA 435 NORTHWEST 148TH STREET NORTH MIAMI, FL 33161	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D ( ) Delete ACCIUS, WILNER 435 NORTHWEST 148TH STREET NORTH MIAMI, FL 33161	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D ( ) Delete GAUDIN, LAVARIS 435 NORTHWEST 148TH STREET NORTH MIAMI, FL 33161	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	P ( ) Delete PRUDENT, PAMELA 435 NORTHWEST 148TH STREET NORTH MIAMI, FL 33161	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	VP ( ) Delete AUGUSTIN, JOSEPH 435 NORTHWEST 148TH STREET NORTH MIAMI, FL 33161	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	S () Delete CHEREFRERE, MICHEL 435 NORTHWEST 148TH STREET NORTH MIAMI, FL 33161	Title: Name: Address: City-St-Zip:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOSEPH AUGUSTIN V.P. 07/03/2008