

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000076333

FILED
Apr 29, 2003
Secretary of State

Entity Name: ODM PERFORMANCE SOLUTIONS INC.

Current Principal Place of Business:

5967 SW 112 LANE
COOPER CITY, FL 33330

New Principal Place of Business:

Current Mailing Address:

5967 SW 112 LANE
COOPER CITY, FL 33330

New Mailing Address:

FEI Number: 45-0482177

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEARY, MULLINGS
9000 SHERIDAN STREET
SUITE 125
PEMBROKE PINES, FL 33027

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JORGE, GARCIA
Address: 5967 SW 112 LANE
City-St-Zip: PEMBROKE PINES, FL 33024

Title: T/S () Delete
Name: KIM, GARCIA
Address: 5967 SW 112 LANE
City-St-Zip: COOPER CITY, FL 33330

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: JORGE, GARCIA L
Address: 5967 SW 112 LANE
City-St-Zip: COOPER CITY, FL 33024

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JORGE L. GARCIA

P

04/29/2003

Electronic Signature of Signing Officer or Director

_____ Date