


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2004 8:00 am
Secretary of State

05-19-2004 90012 024 ***150.00

DOCUMENT # P02000103390
 1. Entity Name
 ODIGOMI, INC.



Principal Place of Business
 6408 WEST LINEBAUGH AVENUE
 SUITE 101-102
 TAMPA, FL 33625

Mailing Address
 6408 WEST LINEBAUGH AVENUE
 SUITE 101-102
 TAMPA, FL 33625

54054827

DO NOT WRITE IN THIS SPACE



03112003 No Chg-P CR2E034 (10/03)

4. FEI Number 55-0822195	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 PORAT, RON
 7505 ALLOWAY STREET
 TAMPA, FL 33625

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARLETTI, OTTAVIO 5716 PINNEY LANE DR TAMPA, FL 33625
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CIFUENTES, CLAUDIA 5716 PINNEY LANE DR TAMPA, FL 33625
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Claudia Cifuentes* CIFUENTES CLAUDIA May 17/2004 813-964-8717
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #