

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90151 013 \*\*\*150.00

<b>DOCUMENT # M15971</b> 1. Entity Name <b>ODNILAG INC.</b>																																																																																																																																																			
Principal Place of Business <b>9796 CORAL WAY</b> <b>MIAMI, FL 33165 US</b>		Mailing Address <b>9796 CORAL WAY</b> <b>MIAMI, FL 33165 US</b>																																																																																																																																																	
2. Principal Place of Business <b>9606 SW 72 ST</b> Suite, Apt. #, etc.		3. Mailing Address <b>9606 SW 72 ST</b> Suite, Apt. #, etc.																																																																																																																																																	
City & State <b>Miami FL</b>		City & State <b>Miami FL</b>																																																																																																																																																	
Zip <b>33173</b>	Country <b>USA</b>	Zip <b>33173</b>	Country <b>USA</b>																																																																																																																																																
4. FEI Number <b>59-2541225</b>		Applied For <input type="checkbox"/> Not Applicable																																																																																																																																																	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>																																																																																																																																																	
6. Name and Address of Current Registered Agent  <b>GALINDO, MADELAINE</b> <b>9796 CORAL WAY</b> <b>MIAMI, FL 33165</b>		7. Name and Address of New Registered Agent Name <b>MADELAINE GALINDO</b> Street Address (P.O. Box Number is Not Acceptable) <b>9606 SW 72 ST</b> City <b>MIAMI</b> <b>FL</b> Zip Code <b>33173</b>																																																																																																																																																	
8. The above named entity submit 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  <b>4-25-05</b> <span style="float: right;"><b>4/20/05</b></span> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>																																																																																																																																																			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																																																																																																																																	
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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.  <b>SIGNATURE:</b>  <b>M GALINDO</b> <b>4/20/05</b> <b>305-279-4352</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																																																			