

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002460

FILED
Mar 19, 2009
Secretary of State

Entity Name: ODRS NUEVOS INTERNATIONAL, INC.

Current Principal Place of Business:

2879 WEST 72ND TERRACE
HIALEAH, FL 33018

New Principal Place of Business:

Current Mailing Address:

2879 WEST 72ND TERRACE
HIALEAH, FL 33018

New Mailing Address:

FEI Number: 22-3977320

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LOPEZ, ROBERTO
Address: 2879 WEST 72ND TERRACE
City-St-Zip: HIALEAH, FL 33018

Title: TD () Delete
Name: LOPEZ, ZAYDEE
Address: 2879 WEST 72ND TERRACE
City-St-Zip: HIALEAH, FL 33018

Title: VD () Delete
Name: LOPEZ, ROBERTO M
Address: 2879 WEST 72ND TERRACE
City-St-Zip: HIALEAH, FL 33018

Title: SD () Delete
Name: ALONSO, YANET
Address: 2879 WEST 72ND TERRACE
City-St-Zip: HIALEAH, FL 33018

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LOPEZ, ROBERTO A
Address: 2879 WEST 72ND TERRACE
City-St-Zip: HIALEAH, FL 33018

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

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

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

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: ROBERTO A. LOPEZ

PD

03/19/2009

Electronic Signature of Signing Officer or Director

Date