

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000011370

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

FILED  
Apr 30, 2009  
Secretary of State

## Current Principal Place of Business:

170 N.E 27 TH CT  
BOYNTON BEACH, FL 33435

## New Principal Place of Business:

## Current Mailing Address:

170 N.E 27 TH CT  
BOYNTON BEACH, FL 33435

## New Mailing Address:

FEI Number: 80-0320231

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

THELOT, PHITO SR  
1145 S.W 4TH AVE  
DELRAY BEACH, FL 33444 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: P ( ) Delete  
Name: ESTIME, CARMELEAU SR  
Address: 170 N.E 27TH CT  
City-St-Zip: BOYNTON BEACH, FL 33435

Title: VP ( ) Delete  
Name: JEAN LOUIS, ROOSEVELT SR  
Address: 4992 SERAFICA DR  
City-St-Zip: LAKE WORHT, FL 33461

Title: SECR ( ) Delete  
Name: JEAN PIERRE, VELANDE MRS  
Address: 150 LANCASTER ST  
City-St-Zip: BOCA RATON, FL 33487

Title: TREA ( ) Delete  
Name: MOISE, JOSEPHINE MRS  
Address: 3331 N.W 176 TER  
City-St-Zip: MIAMI, FL 33056

Title: P. R ( ) Delete  
Name: ALEXANDRE, FRANTZ SR  
Address: 737 PLACE CHATEAU  
City-St-Zip: DELRAY BEACH, FL 33445

Title: AD S ( ) Delete  
Name: ESTIME, DUGUERRE SR  
Address: 805 N.W 8TH ST  
City-St-Zip: BOYNTON BEACH, FL 33426

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: CARMELEAU ESTIME

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date