

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004914

FILED
Mar 11, 2009
Secretary of State

Entity Name: ODLI, INC.

Current Principal Place of Business:

220 MIRACLE MILE
SUITE 213
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

220 MIRACLE MILE
SUITE 213
CORAL GABLES, FL 33134 US

New Mailing Address:

FEI Number: 65-0863841

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUIGI, BAVA
6520 SW 13 STREET
MIAMI, FL 33144 US

Name and Address of New Registered Agent:

PASTOR, CLAUDIO
825 BRICKELL BAY DRIVE
APT. 644
MIAMI, FL 33131 US

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: CLAUDIO PASTOR

03/11/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BAVA, LUIGI
Address: 6520 SW 13 STREET
City-St-Zip: MIAMI, FL 33144 US

Title: T () Delete
Name: PIA, LUCILLA
Address: 16820 NW 79 PL
City-St-Zip: MIAMI, FL 33016 US

Title: SD () Delete
Name: RANIERI, ANTONIO
Address: 3300 ROLLING HILLS CIRCLE, 102
City-St-Zip: DAVIE, FL 33328 US

Title: D () Delete
Name: COCO, PATRIZIA
Address: 8311 NW 201 STREET
City-St-Zip: MIAMI, FL 33015 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: RICORDI, CAMILLO
Address: 1450 NW 10 AVENUE
City-St-Zip: MIAMI, FL 33136 US

Title: VP1 (X) Change () Addition
Name: PASTOR, CLAUDIO
Address: 825 BRICKELL BAY DRIVE APT. 644
City-St-Zip: MIAMI, FL 33131 US

Title: VP2 (X) Change () Addition
Name: MERLO, MICHELE
Address: 826 OCEAN DRIVE
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: T (X) Change () Addition
Name: PADOVAN, MARIA
Address: 609 BRICKELL AVENUE
City-St-Zip: MIAMI, FL 33131 US

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: CLAUDIO PASTOR

VP1

03/11/2009

Electronic Signature of Signing Officer or Director

Date