


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000102551			
1. Entity Name ODR ENTERPRISES, INC.			
Principal Place of Business 2450 NE MIAMI GARDENS DR SECOND FLR. NORTH MIAMI BEACH, FL 33180		Mailing Address 2450 NE MIAMI GARDENS DR SECOND FLR. NORTH MIAMI BEACH, FL 33180	
DO NOT WRITE IN THIS SPACE			
		01232007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 03-0422866	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SUPRASKI, LOUIS A ESQ 2450 NE MIAMI GARDENS DR SECOND FLR. NORTH MIAMI BEACH, FL 33180		DO NOT WRITE IN THIS SPACE	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE 000000608997 02/01/07-80031-019 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROCA, OPHELIA A 2450 NE MIAMI GARDENS DR SECOND FLR. NORTH MIAMI BEACH, FL 33180		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS ROCA, JUAN 2450 NE MIAMI GARDENS DR SECOND FLR. NORTH MIAMI BEACH, FL 33180		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Opheia Roca</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>1/23/07.</u> Daytime Phone # _____	