

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90414 047 ***150.00

DOCUMENT # P02000002155					
1. Entity Name O.D. FOREST INVESTMENT, INC.					
Principal Place of Business 1221 BRICKELL AVE, 15TH FLOOR MIAMI, FL 33131			Mailing Address 1221 BRICKELL AVE, 15TH FLOOR MIAMI, FL 33131		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		City & State		City & State	
4. FEI Number 80-0033988				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C/O GREENBERG TRAURIG, P.A. 1221 BRICKELL AVE MIAMI, FL 33131			7. Name and Address of New Registered Agent Name: <u>Jose F. Padro, CPA</u> Street Address (P.O. Box Number is Not Acceptable): 8600 NW - 53rd Terrace, Ste 201 City: <u>Miami, FL</u> Zip Code: <u>33166</u>		
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: <u>[Signature]</u> (NOTE: Registered Agent signature required when reinstating) 4-22-04 DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME: <u>P</u> STREET ADDRESS: <u>HERNANDEZ, IGNACIO</u> CITY-ST-ZIP: <u>1221 BRICKELL AVE, SUITE 1590</u> <u>MIAMI, FL 33131</u>	<input type="checkbox"/> Delete		TITLE NAME: <u>EXVP</u> STREET ADDRESS: <u>Rosenblut, Jorge</u> CITY-ST-ZIP: <u>1221 Brickell Ave, Ste. 1590</u> <u>Miami, FL 33131</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME: <u>2VP</u> STREET ADDRESS: <u>ROSENBLUT, JORGE</u> CITY-ST-ZIP: <u>1221 BRICKELL AVE, SUITE 1590</u> <u>MIAMI, FL 33131</u>	<input type="checkbox"/> Delete		TITLE NAME: <u>STVP</u> STREET ADDRESS: <u>Onetto, Raimundo</u> CITY-ST-ZIP: <u>1221 Brickell Ave, Ste. 1590</u> <u>Miami, FL 33131</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME: <u>TVP</u> STREET ADDRESS: <u>ONETTO, RAIMUNDO</u> CITY-ST-ZIP: <u>1221 BRICKELL AVE, SUITE 1590</u> <u>MIAMI, FL 33131</u>	<input type="checkbox"/> Delete		TITLE NAME: <u>VP</u> STREET ADDRESS: <u>KREUTBERGER, PATRICIO</u> CITY-ST-ZIP: <u>1221 BRICKELL AVE, SUITE 1590</u> <u>MIAMI, FL 33131</u>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME: <u>VP</u> STREET ADDRESS: <u>KREUTBERGER, PATRICIO</u> CITY-ST-ZIP: <u>1221 BRICKELL AVE, SUITE 1590</u> <u>MIAMI, FL 33131</u>	<input type="checkbox"/> Delete		TITLE NAME: <u>VP</u> STREET ADDRESS: <u>KREUTBERGER, PATRICIO</u> CITY-ST-ZIP: <u>1221 BRICKELL AVE, SUITE 1590</u> <u>MIAMI, FL 33131</u>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME: <u>VP</u> STREET ADDRESS: <u>KREUTBERGER, PATRICIO</u> CITY-ST-ZIP: <u>1221 BRICKELL AVE, SUITE 1590</u> <u>MIAMI, FL 33131</u>	<input type="checkbox"/> Delete		TITLE NAME: <u>VP</u> STREET ADDRESS: <u>KREUTBERGER, PATRICIO</u> CITY-ST-ZIP: <u>1221 BRICKELL AVE, SUITE 1590</u> <u>MIAMI, FL 33131</u>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
SIGNATURE: <u>[Signature]</u> 4-28-04 (305) 373-2022					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					