

2004 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90057 018 ***150.00

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01152004 Chg-P CR2E034 (10/03)

DOCUMENT # P02000042641			
1. Entity Name ODALYS SIERRA, P.A.			
Principal Place of Business 1155 BRICKELL BAY DRIVE UNIT 1902 MIAMI, FL 33131		Mailing Address 1155 BRICKELL BAY DRIVE UNIT 1902 MIAMI, FL 33131	
2. Principal Place of Business 5751 SW 59 PL.		3. Mailing Address 5751 SW 59 PL.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33143		Country USA	
4. FEI Number 04-3650018		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 SIERRA, ODALYS 1155 BRICKELL BAY DRIVE UNIT 1902 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name SIERRA, ODALYS Street Address (P.O. Box Number is Not Acceptable) 5751 SW 59 PL. City MIAMI FL Zip Code 33143	
8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <i>Odaly Sierra</i> (NOTE: Registered Agent signature required when reinstating) DATE: 1/21/04			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SIERRA, ODALYS 1155 BRICKELL BAY DRIVE UNIT 1902 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SIERRA, ODALYS 5751 SW 59 PLACE MIAMI, FL 33143 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: <i>Odaly Sierra</i>		Date: 1/21/04 Daytime Phone #: 305-479-3144	