

2007 FOR PROFIT CORPORATION ANNUAL REPORT



FILED
07 APR 30 PM 3:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000055199

1. Entity Name

~~INTERNATIONAL TELECODE, INC.~~

Okay Deals, Inc.

Principal Place of Business

15048 SW 32 STREET
MIAMI, FL 33185

Mailing Address

15048 SW 32 STREET
MIAMI, FL 33185

2. Principal Place of Business - No P.O. Box #

7891 West Flagler

Suite, Apt. #, etc.

224

3. Mailing Address

7891 West Flagler

Suite, Apt. #, etc.

224

City & State

Miami

City & State

Miami

Zip

33144

Country

U.S.A.

Zip

33144

Country

U.S.A.

04142007

Chg-P

CR2E034 (12/06)

07

4. FEI Number

04-3671367

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, OSCAR
15048 SW 32 STREET
MIAMI, FL 33185

7. Name and Address of New Registered Agent

Name

ARMANDO MARRERO

Street Address (P.O. Box Number is Not Acceptable)

7891 West Flagler

City

Miami

FL

Zip Code

33144

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

[Signature]

ARMANDO MARRERO

4/14/2007

(Signature typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating.)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RODRIGUEZ, OSCAR	
STREET ADDRESS	15048 SW 32 STREET	
CITY - ST - ZIP	MIAMI, FL 33185	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARRERO, ARMANDO	
STREET ADDRESS	15048 S.W. 32 STREET	
CITY - ST - ZIP	MIAMI, FL 33185	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARRERO, ARMANDO	
STREET ADDRESS	7891 West Flagler	
CITY - ST - ZIP	Sto 224 - Mia. 33144	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

300102200903
05/11/07--01008--026 **158.75

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:

[Signature]

ARMANDO MARRERO

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #