## 2007 FOR PROFIT CORPORATION

the obligations of registered age

SIGNATURE: 4

## May 02, 2007 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P02000077113 1. Entity Name O D, CORP. Principat Place of Business Mailing Address 1 NE FIRST STREET #6 1 NE FIRST STREET #6 MIAMI, FL 33132 MIAMI, FL 33132 CR2E034 (11/05) 05012007 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number 02-0639458 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent CASTILLO, JORGE A 1 NE FIRST STREET #6 MIAMI, FL 33132

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**FILED** 

Applied For

\$8.75 Additional

Fee Required

Daytime Phone #

Not Applicable

DO	NOT	WRITE
DO	IVOI	AALCIIE
IN .	THIS	SPACE

SIGNATURE Signature, typed at praces went of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling)  DATE						
FIL After M	E NOWIL FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finar     Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees		. ( '.
10.	OFFICERS AND DIREC	CTORS				
FITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CASTILLO, JORGE A 1 NE FIRST STREET #6 MIAMI, FL 33132		,			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						:
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					000000754887 05/22/07-80078-019 19	50 <b>.</b> 00
TITLE NAME STREET ADDRESS CITY-ST-ZIP						

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.

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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