

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 19, 2004 8:00 am
Secretary of State

05-19-2004 90012 024 ***150.00

DOCUMENT # P02000103390

1. Entity Name
ODIGOMI, INC.



Principal Place of Business
**6408 WEST LINEBAUGH AVENUE
SUITE 101-102
TAMPA, FL 33625**

Mailing Address
**6408 WEST LINEBAUGH AVENUE
SUITE 101-102
TAMPA, FL 33625**

54054827



03112003 No Chg-P CR2E034 (10/03)

4. FEI Number
55-0822195

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**PORAT, RON
7505 ALLOWAY STREET
TAMPA, FL 33625**

**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

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
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CARLETTI, OTTAVIO
STREET ADDRESS	5716 PINNEY LANE DR
CITY-ST-ZIP	TAMPA, FL 33625
TITLE	V
NAME	CIFUENTES, CLAUDIA
STREET ADDRESS	5716 PINNEY LANE DR
CITY-ST-ZIP	TAMPA, FL 33625
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Claudia Cifuentes **CIFUENTES CLAUDIA**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 17/2004
Date

813-964-8717
Daytime Phone #