


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2005 08:00 AM
Secretary of State

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
---	---

DO NOT WRITE IN THIS SPACE



06302005 No Chg-P CR2E034 (10/03)

4. FEI Number 55-0822195	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

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	P CARLETTI, OTTAVIO 5716 PINNEY LANE DR TAMPA, FL 33625
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CIFUENTES, CLAUDIA 5716 PINNEY LANE DR TAMPA, FL 33625
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000373430
07/18/05-80013-024 150.00

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: Charles Clary July 13/2005 813-9648717

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #