2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P05000029539

1. Entity Name



FILED Apr 18, 2006 8:00 am Secretary of State 04-04-2006 90142 037 ***150.00

ODALY'S DEVELOPMENT, INC.				
Principal Place of Business		Mailing Address		7
13760 SW 38 ST MIAMI FL 33175		13760 SW 38 ST MIAMI FL 33175		
2. Principal Place of Business		3. Making Address		T COTTO EL SE ESTA COSE ESTA COME COME CONTROL
Suite, Apt. W, etc.		Suite, Apt. #, etc.		1si MOORE CR2E034 (10/05)
Cuy & State		City & State		4. FEI Number S2-2453/38 Applied For Noi Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Curre	ent Registered Agent		7. Name and Address of New Registered Agent
CORDERO ODALVO			Name	
137	RDERO, ODALYS 60 SW 38 ST Mi FL 33175		Street Address	s (P.O. Box Number is Not Acceptable)
1411/2	1411 1 E 33 17 3			
			City	FL Zip Code
	named entity submits this statemen ions of registered agent.	it for the purpose of changing its r	egistered office or regist	tered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE .	Signishuré, typed or priviled harne of registered ag	TON) ridealage to the hour	Registered Agent signature retuin	mod where consistently DATE
-	ILE NOW!!! FEE IS \$150.00		,	
- After	May 1, 2006 Fee Will Be \$550. k Payable to Florida Department	.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.		ND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TIPLE	PS	☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS	CORDERO, ODALYS 13760 SW 38 ST		NAME EXPERT ADDRESS	
CITY-ST-7IP	MIAMI FL 33175		STREET ADDRESS CITY-ST-ZIP	
nne		☐ Delete	TITLE	☐ Change ☐ Addition
HAME			PAME	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	
Tift.[Delote		Comment Comment
HAME		L Delote	PATEL PATE	Change Addition
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-SI-ZIP	
TITLE		☐ Detete	1LLF	☐ Change ☐ Addition
NAME STREET ADDRESS			NAME CTROSS ADDROSSO	
CITY-ST-ZIP			STREET ADDRESS CITY-SE-ZIP	
TITLE		☐ Delete	TILE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CsTY+ST+ZW			CITY-SI-ZIP	
INTE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS	1		NAME STREET ADDRESS	
CITY-SI-ZIP			CITY-SI-ZIP	
12. hereby	certify that the information supplied	with this filing does not qualify for	r the exemptions contain	ined in Section 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Orte

Ouytens Phone #