

From: ALVAREZ, ASSOCIATES CPA

3054719643

05/01/2007 14:08 #183 P.002/005

FILED**May 02, 2007 08:00 AM**
Secretary of State**2007 FOR PROFIT CORPORATION
ANNUAL REPORT****DOCUMENT # P05000153961**1. Entity Name
ODIN CORP.

Principal Place of Business

**110 N.W. 85 CT
MIAMI, FL 33126**

Mailing Address

**110 N.W. 85 CT
MIAMI, FL 33126**

05012007

No Chg-P

CR2E034 (11/05)

4. FEI Number
20-3832036Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required****DO NOT WRITE IN THIS SPACE****6. Name and Address of Current Registered Agent****QUINONES, M. MERY
110 N.W. 85 CT
MIAMI, FL 33126****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 releasing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$350.00**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****10. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D	QUINONES, M. MERY	110 N.W. 85 CT	MIAMI, FL 33126

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**DO NOT WRITE
IN THIS SPACE**

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]*

SIGNATURE, AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #