

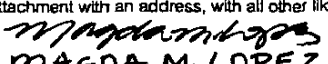
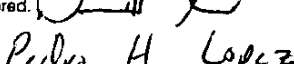


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90045 031 ***150.00

| | | | | | |
|--|--|---|---|---|--|
| DOCUMENT # P06000097323 1. Entity Name ODL & TRINITY CORPORATION | | | |  | |
| Principal Place of Business 7747 SW 86 STREET APT. D-412 MIAMI, FL 33143 | | | Mailing Address 7747 SW 86 STREET APT. D-412 MIAMI, FL 33143 | | |
| 2. Principal Place of Business - No P.O. Box # 7747 S.W. 86 STREET | | 3. Mailing Address 7747 S.W. 86 STREET | | | |
| Suite, Apt. #, etc. APT. D 405 | | Suite, Apt. #, etc. APT. D 405 | | | |
| City & State MIAMI, FLORIDA | | City & State MIAMI, FLORIDA | | | |
| Zip 33143 | Country | Zip 33143 | Country | 4. FEI Number 20-5273654 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent LOPEZ, PEDRO H 7747 SW 86 STREET APT. D-412 MIAMI, FL 33143 | | | 7. Name and Address of New Registered Agent Name DOMINGO LOPEZ Street Address (P.O. Box Number is Not Acceptable) 7747 S.W. 86 STREET APT. D 405 City MIAMI FL Zip Code 33143 | | |
| 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:  (PRESIDENT) DATE: 03/04/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE PT NAME LOPEZ, PEDRO H STREET ADDRESS 7747 SW 86 STREET #D-412 CITY-ST-ZIP MIAMI, FL 33143 | <input checked="" type="checkbox"/> Delete | | TITLE PT NAME DOMINGO LOPEZ STREET ADDRESS 7747 S.W. 86 STREET D-405 CITY-ST-ZIP MIAMI, FLORIDA 33143 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE VS NAME LOPEZ, MAGDA M STREET ADDRESS 7747 SW 86 STREET #D-412 CITY-ST-ZIP MIAMI, FL 33143 | <input checked="" type="checkbox"/> Delete | | TITLE VS NAME OLGA H. LOPEZ STREET ADDRESS 7747 S.W. 86 STREET D-405 CITY-ST-ZIP MIAMI, FLORIDA 33143 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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 687, 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:  MAGDA M. LOPEZ | | | SIGNATURE:  Pedro H. Lopez | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | DATE: 03/04/08 (305) 7109194 | | |