


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000030059		
1. Entity Name ODYSSEY TRUCKING SERVICES CORP		

FILED
09 APR 29 PM 1:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 2501 NW 155 TERR. MIAMI GARDENS, FL 33054	Mailing Address 2501 NW 155 TERR. MIAMI GARDENS, FL 33054
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2. Principal Place of Business - No P.O. Box # 2210 SW 89 CT	3. Mailing Address 2210 SW 89 CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.



04262008 Chg-I CR2EG34 (12/06)

City & State Miami - FLORIDA	City & State Miami - FLORIDA
Zip 33165	Zip 33165
Country MIAMI-DADE	Country MIAMI-DADE

4. FEI Number 20-8617272	Applied For Not Applicable
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6. Name and Address of Current Registered Agent RODRIGUEZ, AMELIA 2501 NW 155 TERR. MIAMI GARDENS, FL 33054	
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent	
Name SAME	
Street Address (P.O. Box Number is Not Acceptable) 2210 SW 89 CT	
City Miami-	FL Zip Code 33165

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 reinstating)	DATE _____
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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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div> PSTD RODRIGUEZ, AMELIA 2501 NW 155 TERR. MIAMI GARDENS, FL 33054 </div> <input checked="" type="checkbox"/> Delete
<div> TITLE NAME STREET ADDRESS CITY-ST-ZIP </div> <div> Rodriguez Amelia 5000 NW 79 Ave Miami FL 33166 </div> <input type="checkbox"/> Delete	
<div> TITLE NAME STREET ADDRESS CITY-ST-ZIP </div> <input type="checkbox"/> Delete	
<div> TITLE NAME STREET ADDRESS CITY-ST-ZIP </div> <input type="checkbox"/> Delete	
<div> TITLE NAME STREET ADDRESS CITY-ST-ZIP </div> <input type="checkbox"/> Delete	
<div> TITLE NAME STREET ADDRESS CITY-ST-ZIP </div> <input type="checkbox"/> Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </div> <div> 2210 SW 89 CT MIAMI-FLORIDA 33165 </div>
<div> TITLE NAME STREET ADDRESS CITY-ST-ZIP </div> <div> 5000 NW 79 Ave Miami FL 33166 </div> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<div> TITLE NAME STREET ADDRESS CITY-ST-ZIP </div> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<div> TITLE NAME STREET ADDRESS CITY-ST-ZIP </div> <div> 500153872645 04/30/09--01002--012 **\$150.00 </div> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<div> TITLE NAME STREET ADDRESS CITY-ST-ZIP </div> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<div> TITLE NAME STREET ADDRESS CITY-ST-ZIP </div> <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 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: x 	AMELIA Rodriguez, Pres. 4/28/08	Date	Daytime Phone #
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