2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000083372

Entity Name: ODESSA MAJOR ORGANIZATION INC.

FILED Jun 16, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
1530 NANETTE COURT LAKEWORTH, FL 33461				5814 ERIK WAY LAKEWORTH, FL 33463 US		
Current Mailing Address:				New Mailing Address:		
1530 NANETTE COURT LAKEWORTH, FL 33461				5814 ERIK WAY LAKEWORTH, FL 33463 US		
FEI Number: 83-0487928 FEI Number Applied For () FEI Nu			FEI Num	mber Not Applicable () Certificate of Status Desired ()		
Name and	l Address of (Current Registered Agent:		Name and	Address of New	Registered Agent:
200 KANU 218	RAGOONATH ITH ROAD. N BEACH, FL	I & ASSOCIATES INC 33436 US				
	e named entity e of Florida.	submits this statement for the purp	pose of	changing it	s registered office	e or registered agent, or both,
SIGNATUI	RE:					
	Electro	nic Signature of Registered Agent				Date
Election Car		3(2)(b), F.S., the corporation did not re g Trust Fund Contribution(). :TORS:				OFFICERS AND DIRECTORS
Title:) Delete		Title:		ange () Addition
Name: Address: City-St-Zip:	KHAN, AHAMA 1530 NANETTE LAKEWORTH,	D J E COURT		Name: Address: City-St-Zip:	KHAN, AHAMAD J N 1530 NANETTE CO LAKEWORTH, FL	/IR URT
Title: Name: Address: City-St-Zip:	COTE, DEBOR 16378 61ST PI			Title: Name: Address: City-St-Zip:	DV (X) Ch LUMANDO, JAMICA 5814 ERIK WAY LAKE WORTH, FL	
Title: Name: Address: City-St-Zip:	() Delete		Title: Name: Address: City-St-Zip:	DV () Cha SEEBARAN, MEER 5814 ERIK WAY LAKE WORTH, FL	
Title: Name: Address: City-St-Zip:	() Delete		Title: Name: Address: City-St-Zip:	DV () Cha ABDOOL, KAMAL N 9614 ARBOR MEAL BOYNTON BEACH,	DOW DRIVE
Title: Name: Address: City-St-Zip:	() Delete		Title: Name: Address: City-St-Zip:	DV () Cha ABDOOL, KAVEED 9614 ARBOR MEAL BOYNTON BEACH,	DOW DRIVE
Title: Name: Address: City-St-Zip:	() Delete		Title: Name: Address: City-St-Zip:	DV () Cha KHAN, AMANDA F N 5814 ERIK WAY LAKE WORTH, FL	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AHAMAD KHAN MR. 06/16/2009