

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000006418

Entity Name: MILTON ODYSSEY, INC.

**FILED**  
**Feb 17, 2010**  
**Secretary of State**

## **Current Principal Place of Business:**

3211 PONCE DE LEON BLVD.  
STE. 301  
CORAL GABLES, FL 33134

## **New Principal Place of Business:**

## **Current Mailing Address:**

3211 PONCE DE LEON BLVD.  
STE. 301  
CORAL GABLES, FL 33134

## **New Mailing Address:**

FEI Number: 65-0467989

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

BARKER, REX  
3211 PONCE DE LEON BLVD.  
STE. 301  
CORAL GABLES, FL 33134 US

## **Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: PD  
Name: MILTON, JOSE  
Address: C/O 3211 PONCE DE LEON BLD. STE. 301  
City-St-Zip: CORAL GABLES, FL 33134

Title: STD  
Name: MILTON, CECIL  
Address: C/O 3211 PONCE DE LEON BLD. STE. 301  
City-St-Zip: CORAL GABLES, FL 33134

I hereby 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 all other like empowered.

SIGNATURE: REX M BARKER

STD

02/17/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date