

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000008442

FILED  
Feb 10, 2012  
Secretary of State

Entity Name: ODYSSEY MARKETING CORP.

**Current Principal Place of Business:**

20205 NORTHEAST 23RD COURT  
MIAMI, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

20205 NORTHEAST 23RD COURT  
MIAMI, FL 33180

**New Mailing Address:**

FEI Number: 65-0636210

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BRICKEL, JILL H  
6001 BROKEN SOUND ROAD  
BOCA RATON, FL 33487 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

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: IRIGOYEN, SAL A  
Address: 20205 NORTHEAST 23RD COURT  
City-St-Zip: NORTH MIAMI BEACH, FL 33180

Title: DVP  
Name: IRIGOYEN, NATALIE S  
Address: 20205 NE 23 CT  
City-St-Zip: MIAMI, FL 33180

Title: DVP  
Name: IRIGOYEN, MICHAEL H  
Address: 20205 NE 23 CT  
City-St-Zip: MIAMI, FL 33180

Title: D  
Name: IRIGOYEN, SUSY B  
Address: 20205 NE 23 CT  
City-St-Zip: MIAMI, FL 33180

Title: DVP  
Name: IRIGOYEN, STEVEN E  
Address: 20205 NE 23 CT  
City-St-Zip: MIAMI, FL 33180

Title: D  
Name: IRIGOYEN, JONATHAN A  
Address: 20205 NE 23 CT  
City-St-Zip: MIAMI, FL 33180

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: SAL A IRIGOYEN

PRES

02/10/2012

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

\_\_\_\_\_  
Date