2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P97000068164

1. Entity Name
ODY'S ANTIQUES & COLLECTIBLES, INC.

Principal Place of Business	Mailing Address
4662 S.W 72 AVE MIAMI, FL 33155 US	4662 S.W 72 AVE MIAMI, FL 33155 US

DO NOT WRITE IN THIS SPACE

02272005   No Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
65-0773524		Not Applicable

5. Certificate of Status Desired   ☐✓ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PEREDA, ODILIA
4662 S.W. 72 AVE
MIAMI, FL 33155

DO NOT WRITE IN THIS SPACE

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_____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution.   ☐ **$5.00** May Be Added to Fees

U0000025192
03/12/05-80054-025 158.75

10. OFFICERS AND DIRECTORS	
TITLE	PSD
NAME	PEREDA, ODILIA
STREET ADDRESS	4662 S.W. 72 AVE
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____   3/4   (305) 662-4492
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #