

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2005 8:00 am
Secretary of State

02-08-2005 90013 040 ***150.00

DOCUMENT # P98000087432

1. Entity Name

ODAGA CORPORATION



Principal Place of Business

15547 SW 9 LANE
MIAMI FL 33194
US

Mailing Address

15547 SW 9 LANE
MIAMI FL 33194
US

50011860

2. Principal Place of Business

5161 COLLINS AVE
Suite, Apt. #, etc.
305

3. Mailing Address

THE SAME
Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/04)

City & State

MIAMI BEACH, FL
Zip
33140
Country
U.S.A

City & State

Zip

Country

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GARCIA, IRMA
5161 COLLINS AVE APT 305
MIAMI BEACH FL 33140

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 IRMA GARCIA

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

02-02/05

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME GARCIA, ODALYS
STREET ADDRESS 15547 SW 9 LANE
CITY-ST-ZIP MIAMI FL 33194

TITLE STD ☐ Delete
NAME GARCIA, IRMA
STREET ADDRESS 15547 SW 9 LANE
CITY-ST-ZIP MIAMI FL 33194

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition
NAME GARCIA ODALYS
STREET ADDRESS 5161 COLLINS AVE apt. #305
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE STD ☒ Change ☐ Addition
NAME GARCIA IRMA
STREET ADDRESS 5161 COLLINS AVE apt. #305
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: IRMA GARCIA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

STD 02-02/05 (307)864-7412