

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

APPROVED  
AND  
FILED

DOCUMENT # P98000087432

1. Entity Name

ODAGA CORPORATION



06 FEB -6 PM 12:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

5161 COLLINS AVE  
STE 305  
MIAMI BEACH FL 33140  
US

Mailing Address

5161 COLLINS AVE  
STE 305  
MIAMI BEACH FL 33140  
US

2. Principal Place of Business

ODAGA CORPORATION

3. Mailing Address

THE SAME

Suite, Apt. #, etc.

# 305

5161 COLLINS AVE

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

MIAMI BEACH FL

City & State

MIAMI BEACH FL

4. FEI Number

65-0869295

Applied For

Not Applicable

Zip

33140

Country

DADE

Zip

33140

Country

US

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

ODALYS GARCIA

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

5161 COLLINS AVE apt 305

City

MIAMI BEACH

FL

Zip Code

33140

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]*

PD. ODALYS GARCIA

1-27-06

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, 2006 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 5161 COLLINGS AVE APT #305  
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE STD ☐ Delete  
NAME GARCIA, IRMA  
STREET ADDRESS 5161 COLLINS AVE APT #305  
CITY-ST-ZIP MIAMI BEACH FL 33140

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

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

TITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIP

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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 exemptions contained in Section 119, 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:

*[Signature]* ODALYS GARCIA

1-27-06 (305) 864-7412

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

K Ecker FEB 09 2006