



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90086 042 ***150.00

DOCUMENT # P98000087432					
1. Entity Name ODAGA CORPORATION					
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 - No P.O. Box # 5161 COLLINS AVE		3. Mailing Address The SAME			
Suite, Apt. #, etc. 305		Suite, Apt. #, etc.			
City & State MIAMI BEACH, FL		City & State		4. FEI Number 65-0869295	
Zip 33140		Country DADE		Applied For <input checked="" type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent GARCIA, ODALYS 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARCIA, ODALYS <input type="checkbox"/> Delete 5161 COLLINGS AVE APT #305 MIAMI BEACH, FL 33140				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GARCIA, IRMA <input checked="" type="checkbox"/> Delete 5161 COLLINS AVE APT #305 MIAMI BEACH, FL 33140				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: ODALYS GARCIA  3-13/07 (305) 864-1513					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					