


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-02-2003 90073 026 ***150.00

DOCUMENT # P02000131084	
1. Entity Name ODS CONSULTING, INC.	

Principal Place of Business 701 S.W. 24TH ROAD MIAMI FL 33129 US	Mailing Address 701 S.W. 24TH ROAD MIAMI FL 33129 US
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2. Principal Place of Business 14031 SW 20 ST. Suite, Apt. #, etc.	3. Mailing Address 14031 SW 20 ST Suite, Apt. #, etc.
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City & State Miami FL	City & State Miami FL
Zip 33175	Zip 33175
Country USA	Country USA

4. FEI Number 56-2307146	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MARTIN, DEBORAH 701 S.W. 24TH ROAD MIAMI FL 33129	7. Name and Address of New Registered Agent Name: Deborah Martin Street Address (P.O. Box Number is Not Acceptable) 14031 SW 20 ST City: Miami FL Zip Code: 33175
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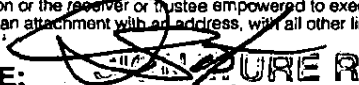
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) **DATE:**

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR. SOTO, OMAR 701 S.W. 24TH ROAD MIAMI FL 33129	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **SIGNATURE REQUIRED** **3/31/03 (305) 996-8080**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**