


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000099759	
1. Entity Name THE OLYMPS GROUP, INC.	

Principal Place of Business 1907 ELMWOOD AVE TAMPA, FL 33605	Mailing Address 1907 ELMWOOD AVE TAMPA, FL 33605
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DO NOT WRITE IN THIS SPACE



04292004 No Chg-P CR2E034 (10/03)

4. FEI Number 16-1627872	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
 1840 SW 22ND ST.
 4TH FLOOR
 MIAMI, FL 33145

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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 _____
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, 2004 Fee will be \$550.00	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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT KOSUT, JOZEF 1907 ELMWOOD AVE TAMPA, FL 33605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS KOSUTOVA, MARTA 1907 ELMWOOD AVE TAMPA, FL 33605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAJAN, ROMAN 1907 ELMWOOD AVE TAMPA, FL 33605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEVKO, IVAN 1907 ELMWOOD AVE TAMPA, FL 33605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GULYAS, PETER 1907 ELMWOOD AVE TAMPA, FL 33605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SKALA, ROMAN 1907 ELMWOOD AVE TAMPA, FL 33605

100000152224
 05/04/04-80075-024 158.75

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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)(f), 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: JOZEF KOSUT 29 APRIL 2004 435-603-0315
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #