2008 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 17, 2008 08:00 A **Secretary of State DOCUMENT # P06000030590** 1. Entity Name UVA OLIVA, INC Principal Place of Business Mailing Address 4100 N. POWERLINE RD 4100 N. POWERLINE RD DEERFIELD BEACH, FL 33073 DEERFIELD BEACH, FL 33073 02042008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 28-4457189 Not Applicable **\$8.75** Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DO NOT WRITE DA SILVA, ANTONIO 4714 LAGO VISTA DR COCONUT CREEK, FL 33073 IN THIS SPACE 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE DA SILVA, ANTONIO NAME STREET ADDRESS 4714 LAGO VISTA DR CITY-ST-ZIP COCONUT CREEK, FL 33073 U00000859670 1 TITLE 04/02/08-80032-009 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY+ST-7IP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLÉ

FILED

12. I hereby certify that the information supplied with this filling 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.

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE: SIGNATURE: AND TYPED OR PRINTED MANE OF SIGNING OFFICER OR DIRECTOR DATE OF SIGNING OFFICER OR DATE