

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000053337

FILED
Apr 19, 2004
Secretary of State

Entity Name: OLIMAR CORPORATION

Current Principal Place of Business:

19421 NW 8TH ST
PEMBROKE PINES, FL 33029

New Principal Place of Business:

Current Mailing Address:

19421 NW 8TH ST
PEMBROKE PINES, FL 33029

New Mailing Address:

1580 NW 94 TERRACE
PEMBROKE PINES, FL 33024

FEI Number: 65-0815572

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CIOU, GABRIELLA
19421 NW 8 ST
PEMBROKE PINES, FL 33029

Name and Address of New Registered Agent:

CIOU, GABRIELLA
19421 NW 8 ST
PEMBROKE PINES, FL 33029

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.

SIGNATURE: GABRIELLA CIOU

04/19/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JOSE LUIS DELLEPERE, LACASSAGNE
Address: 1100 NW 92ND AVE
City-St-Zip: PEMBROKE PINES, FL 33024

Title: S () Delete
Name: GABRIELLA DORIS CIOL, I
Address: 1100 NW 92ND AVE
City-St-Zip: PEMBROKE PINES, FL 33024

Title: T () Delete
Name: CATALINA ELENA DELLE, PERE
Address: 1100 NW 92ND AVE
City-St-Zip: PEMBROKE PINES, FL 33024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: JOSE LUIS DELLEPERE, LACASSAGNE
Address: 1580 NW 94 TERRACE
City-St-Zip: PEMBROKE PINES, FL 33024

Title: S (X) Change () Addition
Name: GABRIELLA DORIS CIOL, I
Address: 19421 NW 8TH STREET
City-St-Zip: PEMBROKE PINES, FL 33029

Title: T (X) Change () Addition
Name: CATALINA ELENA DELLE, PERE
Address: 1580 NW 94 TERRACE
City-St-Zip: PEMBROKE PINES, FL 33024

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE LUIS DELLEPERE LACASSAGNE

PD

04/19/2004

Electronic Signature of Signing Officer or Director

Date