


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000058783

1. Entity Name
OLIEM, INC.



Principal Place of Business 14230 W. NEWBERRY RD. NEWBERRY, FL 32669	Mailing Address 14230 W. NEWBERRY RD. NEWBERRY, FL 32669
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01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3525724	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SALAS, BIENVENIDO C JR.
 14230 W. NEWBERRY RD.
 NEWBERRY, FL 32669**

DO NOT WRITE 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 _____ (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. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SALAS, BIENVENIDO C JR. 6240 GREATWATER DR WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FERMAN-SALAS, SANDRA J 6240 GREATWATER DR WINDERMERE, FL 34786
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 01/11/04-80008-007 150.00

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: Sandra J Ferman-Salas 1/10/04 (352) 528-6558
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #