

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000020712

**Entity Name:** OLAINFARM USA INC

**Current Principal Place of Business:**

451 SW SQUIRE JOHNS LN  
BLDG #2  
PALM CITY, FL 34990-7822

**Current Mailing Address:**

451 SW SQUIRE JOHNS LN  
BLDG #2  
PALM CITY, FL 34990-7822 US

**FEI Number:** 22-3629065

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ZELKIN, RIMMA  
451 SW SQUIRE JOHNS LN  
BLDG #2  
PALM CITY, FL 34990-7822 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            DIR  
Name            ZELKIN, VLAD  
Address        451 SW SQUIRE JOHNS LN  
City-State-Zip: PALM CITY FL 34990-7822

Title            D  
Name            ZELKIN, RIMMA  
Address        451 SW SQUIRE JOHNS LN  
City-State-Zip: PALM CITY FL 34990-7822

*I hereby 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 all other like empowered.*

**SIGNATURE:** VLAD ZELKIN

**MNG. DIRECTOR**

**01/10/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date