

2007 FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # 357759

1. Entity Name
OLGA'S QUILTING CORPORATION



Principal Place of Business
**11900 SW 51 ST
MIAMI, FL 33175**

Mailing Address
**11900 SW 51 ST
MIAMI, FL 33175**



04272007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1281963

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**GALLAGHER, GRISELDA
6353 S.W 29ST.
MIAMI, FL 33155**

**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 _____

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, 2007 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	DP FROMETA, CARMEN 11900 SW 51 ST MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GUTIERREZ, DAVID 5784 SW 30 STREET MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GALLAGHER, GRISELDA 6353 SW 29 STREET MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CRUZ, LUIS M 5784 SW 30 STREET MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/17/07-80013-025 150.00

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

Carmen R Frometa
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/07 305-226-6653
Date Daytime Phone #