2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 27, 2007 08:00 A Secretary of State DOCUMENT # 373513 1. Entity Name OLABE INVESTMENT CORP. Principal Place of Business Mailing Address 2230 S.W. 21ST AVENUE 2230 S.W. 21ST AVENUE **MIAMI FL 33145** MIAMI FL 33145 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 65-0005310 Not Applicable Zip Country Zıp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RAFEAL, REGINA 2230 SW 21 AVE Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33145** City Zıp Code 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Fiorida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. IIILE Delete HILE ☐ Change Addition ALEXANDER, ELIZABETH BER NAME 2230 SW 121ST AVENUE STREET ADDRESS STREET ADDRESS MIAMI FL CITY - ST - ZIP CITY-ST-ZIP ☐ Delete ALEXANDER DEFAURA, CECILI NAME 2230 SW 121ST AVENUE STREET ADDRESS STREET ADDRESS MIAMI FL CHY-S1-ZIP CITY - ST- ZIP TITLE S Defete HILE ☐ Change ■ Addition RAFAEL, REGINA R. NAME NAME 2230 SW 121ST AVENUE STREET ADDRESS STREET ADDRESS MIAMI FL CITY - ST-71P CITY-ST-ZIP ☐ Delete Change ☐ Addition STREET ADDRESS STREE! ADDRESS City-S1-ZIP CITY-ST-ZIP IIIII ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY ST-7IP CITY-ST-7tP IIILE Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4/24/0- (205)642_3000