

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 12, 2004 8:00 am**  
**Secretary of State**

02-12-2004 90009 011 \*\*\*150.00

**DOCUMENT # 614678**

1. Entity Name  
**OLSEN REALTY AND INVESTMENT CORPORATION**



Principal Place of Business  
**706 S. DIXIE HIGHWAY, 2ND FLOOR  
CORAL GABLES, FL 33146**

Mailing Address  
**706 S. DIXIE HIGHWAY, 2ND FLOOR  
CORAL GABLES, FL 33146**

44010700



02102004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0097384</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**OLSEN, THOMAS W.  
706 S. DIXIE HIGHWAY, 2ND FLOOR  
CORAL GABLES, FL 33146**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
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  
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	PD OLSEN, THOMAS W. III 11820 SW 62 PLACE MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STV OLSEN, SHEILA G. 11820 SW 62ND PL. MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:**

*Thomas W. Olsen III*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/10/2004*  
Date

*305-666-2121*  
Daytime Phone #