

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000001528

FILED
Apr 23, 2008
Secretary of State

Entity Name: OLO COMMERCIAL CORPORATION

Current Principal Place of Business:

PO BOX 3152 ROAD TOWN
TORTOLA
BRITISH VIRIGIN ISLAND,

New Principal Place of Business:

C/O FOWLER RODRIGUEZ VALDES-FAULI
355 ALHAMBRA CIRCLE, SUITE 801
CORAL GABLES, FL 33134 US

Current Mailing Address:

806 DOUGLAS ROAD STE 580
CORAL GABLES, FL 33134

New Mailing Address:

355 ALHAMBRA CIRCLE
SUITE 801
CORAL GABLES, FL 33134 US

FEI Number: 98-0523930

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REGISTERED AGENT CORPORATE SERVICES, INC.
806 DOUGLAS ROAD STE 580
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

REGISTERED AGENT CORPORATE SERVICES, INC.
355 ALHAMBRA CIRCLE
SUITE 801
CORAL GABLES, FL 33134 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: BETSY PARENTI, ASSIST. SECRETARY

04/23/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: CONTRERAS, NORMA I
Address: 3201 NE 183 STREET APT 1402
City-St-Zip: AVENTURA, FL 33160

Title: S () Delete
Name: ICAZA, MARIA N
Address: 3201 NE 183 STREET APT 1402
City-St-Zip: AVENTURA, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: NORMA I. CONTRERAS

P

04/23/2008

Electronic Signature of Signing Officer or Director

Date