2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 08, 2004 8:00 am Secretary of State DOCUMENT # L10260 04-08-2004 90055 023 ***150.00 1. Entity Name OLIVER ENTERPRISES, CORP. Principal Place of Business Mailing Address 4368 WEST 11TH LANE P.O. BOX 522478 HIALEAH, FL 33012 MIAMI, FL 33152 04022004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0314063 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent OLIVER-JOSE R === = DO NOT WRITE 4368 WEST 11TH LANE HIALEAH, FL 33012 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, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PSD -TITLE NAME OLIVER, JOSE R. STREET ADDRESS 4368 W 11 LN CITY-ST-ZIP HIALEAH, FL TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 addices, with all other like empowered.

D NAME OF SIGNING OFFICER OR DIRECTOR

FILED