

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 09, 2004 8:00 am
Secretary of State

07-09-2004 90002 018 ***150.00

DOCUMENT # M79223

1. Entity Name
OLVILAN OF FLORIDA, INC.



Principal Place of Business

**615 OCEAN DR
APT 8B
KEY BISCAYNE, FL 33149 US**

Mailing Address

**615 OCEAN DR
APT 8B
KEY BISCAYNE, FL 33149 US**



07012004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0642277	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**MIAMI CORPORATE SYSTEMS, INC.
283 CATALONIA AVENUE 2ND FLOOR
MIAMI, FL 33134**

**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 \$550.00
Due by September 8, 2004**

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	DPT GONZALEZ DE LEFELD, OLGA CECILIA 615 OCEAN DR APT 8B KEY BISCAYNE, FL 33149
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS VELASCO GONZALEZ, IGNACIO J 6115 OCEAN DR APT 8B KEY BISCAYNE, FL 33149
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 1, 2004

Date

Daytime Phone #

Attachment

54060783

RASCO REININGER PEREZ & ESQUENAZI, P.L.
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Kenneth Krasny
Of counsel

*Board Certified-Business Litigation
Certified Circuit Court Mediator

July 6, 2004

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 30314

Re: **2004 Uniform Business Report**
Ovilan of Florida, Inc. (the "Corporation")
Document # M79223

Dear Sir or Madam:

Enclosed please find the 2004 Uniform Business Report for the above-referenced Corporation, along with a check in the amount of \$150.00, which amount represents the 2004 filing fee. Please be advised that the notification for the 2004 Uniform Business Report was never received. As such, we respectfully request a waiver of the penalty fee.

Thank you for your prompt attention to this matter. Please do not hesitate to contact me should you have any further questions.

Very truly yours,

RASCO REININGER PEREZ & ESQUENAZI, P.L.



Desiree M. Cuason
For the Firm

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