2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# M79223

Entity Name: OLVILAN OF FLORIDA, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0642277 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete
Name: GONZALEZ DE LEFELD, OLGA CECILIA
Address: 615 OCEAN DR APT 8B
City-St-Zip: KEY BISCAYNE, FL 33149

Title: DS ( ) Delete
Name: VELASCO GONZALEZ, IGNACIO J
Address: 4500 SOUTH MONACO ST., APT. 1925
City-St-Zip: DENVER, CO 80237 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DS (X) Change ( ) Addition
Name: VELASCO GONZALEZ, IGNACIO J
Address: 4500 SOUTH MONACO ST., APT. 1721
City-St-Zip: DENVER, CO 80237 US

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: OLGA CECILIA GONZALEZ DE LEFELD DPT 04/30/2009

Electronic Signature of Signing Officer or Director — Date