2006 NOT-FOR-PROFIT CORPORATION

FILED Apr 24, 2006 8:00 am

ANNUAL REPORT							Secretary of State						
DOCUMENT # N03000011115 1. Entity Name BOB AND HEIDE OLIVER FAMILY FOUNDATION, INC.							04-24-2006 90404 020 ****61.25						
ROR AND	HEIDE	OLIVER FAMILY	Y FOUND	PATION, INC.				l,					
201 ALHAMBRA CIRCLE SUITE 510 2			201	Mailing Address 201 ALHAMBRA CIRCLE SUITE 510 CORAL GABLES, FL 33134-5105				ii qu	เก๋าอ	יַעע			
Principal Place of Business 3				3. Mailing Address									
4501 322 61CF Suite, Apt. #, etc.				Suite, Apt. #, etc.				01232006	Chg-f	1P	CR2E	037 (11/05)	
City & State Processes 71			PU	Pine creest 7			·(27386				pplied For ot Applicable
Zip Country 3 3 157 USA 6. Name and Address of Current			33156		untry LSU	Certificate of State Name and Addre					\$8.75 Ad Fee Require		
			ant Kegister	an Agent		Name	••••	/. Name an	u Audress	OI NEW K	egistered	Agent	
OLIVER, ROBERT M 9501 SOÙTHWEST 61 COURT PINECREST, FL 33156				Street Address			Address (i	P.O. Box Numl	ber is Not	Acceptable)		
	·					City					F	Zip Coo	ie
8. The above	named entit	y submits this statemer	nt for the pure	nose of changing its	register	ed office o	r register	ed agent or b	oth, in the	State of Flo			and accent
the obligat	tions pregist	tered agent			- 3.0.0				, ,,, ,,,	0.000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	705	, and docopt
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SIGNATURE		or printed name of registered a	gent and title if ap					when reinstating)	1/23/	1.4	4A DATE	•	<u> </u>
SIGNATURE	Signature, typed	or printed name of registered and less \$61.25 May 1, 2006	gent and title if ap		E: Registere	ed Agent signa		when reinstating) \$5.00 May Added to Fee	Be	M	DATE ake che	•	to
SIGNATURE :	Signature, typed	e is \$61.25		9. Election Car Trust Fund (E: Registere	ed Agent signa inancing tion.	ture required	\$5.00 May	Be s	M Flori	DATE ake che Ida Depa	CY GLGS ck payable artment of S	to itate
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 617, 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:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305 444 466\$ Daytime Phone #