
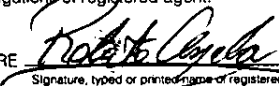
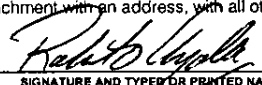


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90110 013 ****70.00

DOCUMENT # N04000009515 1. Entity Name OLIVO VERDE INC.					
Principal Place of Business 1035 W. BUSCH BLVD TAMPA, FL 33612			Mailing Address 1035 W. BUSCH BLVD TAMPA, FL 33612		
2. Principal Place of Business - No P.O. Box # 7901 River Ridge Dr		3. Mailing Address 7901 River Ridge Dr			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Tampa, Florida		City & State Tampa, Florida		4. FEI Number 11-3747737	
Zip 33637		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AYALA, ROBERTO 1035 W. BUSCH BLVD TAMPA, FL 33612		7. Name and Address of New Registered Agent Name AYALA, ROBERTO Street Address (P.O. Box Number is Not Acceptable) 7901 River Ridge Dr City Tampa FL Zip Code 33637			
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  DATE 1/13/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AYALA, ROBERTO 7901 RIVERICH DR TAMPA, FL 33637	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V AYALA, TEODORO JR 5146 BENARD CIR APT 217 TAMPA, FL 33617	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T AYALA, ARCADIA 3416 N. 56TH ST TAMPA, FL 33916	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S AYALA, GLENDA I 5146 BERNARD CIR, APT 257 TAMPA, FL 33617	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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:  DATE 1/13/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					