

2004  
**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 12, 2004 8:00 am**  
**Secretary of State**

05-12-2004 90207 049 \*\*\*150.00

DOCUMENT # **P00000049847**

1. Entity Name  
**OLIVO ENTERPRISE, INC**

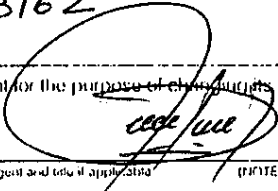
Principal Place of Business Mailing Address  
**4955 NW 199 St Lot 77 16300 NE 19 Ave**  
**Carol City FL 33055 Ste C**  
**N. Miami Bch FL 33162**

2. Principal Place of Business <b>6509 SW 23 St</b>		3. Mailing Address		4. FEI Number <b>65-1008792</b>		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Not Applied
City & State <b>Miramar FL</b>		City & State				
Zip <b>33023</b>	Country	Zip	Country			

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent <b>FERNANDO SILVA</b> <b>16300 NE 19 AVE Ste C</b> <b>N. Miami Bch FL 33162</b>				7. Name and Address of New Registered Agent		
Name				Name		
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)		
City				FL	Zip Code	

8. The above named entity submits this statement for the purpose of electing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:  DATE: **5/10/04**

9. This corporation is eligible to satisfy its intangible tax filing requirements and elects to do so <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$550.00</b> After SEPTEMBER 13, 2000 Min. will be \$750.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Added to Fee
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>P OLIVO, REIDY</b>	<input type="checkbox"/> Delete	TITLE	<b>P OLIVO, REIDY</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME	<b>OLIVO, REIDY</b>		NAME	<b>OLIVO, REIDY</b>	
STREET ADDRESS	<b>4955 NW 199 St Lot 77</b>		STREET ADDRESS	<b>6509 SW 23 St</b>	
CITY-STATE-ZIP	<b>Carol City FL 33055</b>		CITY-STATE-ZIP	<b>Miramar FL 33023</b>	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		

13. 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 11 or Block 12, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Reidy Olivo** DATE: **5/10/04**