

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P00000052434

Entity Name: OLIMPO, INC.

FILED
Sep 26, 2006
Secretary of State

Current Principal Place of Business:

5744 NW 112 PLACE
MIAMI, FL 33178

New Principal Place of Business:

14934 SW 22 ST
MIAMI, FL 33185

Current Mailing Address:

5744 NW 112 PLACE
MIAMI, FL 33178

New Mailing Address:

14934 SW 22 ST
MIAMI, FL 33185

FEI Number: 65-1023633

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BODIN, GLORIA ROA
2655 LEJEUNE ROAD SUITE 1001
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

BODIN, GLORIA ROA
2655 LEJEUNE ROAD
SUITE 1001
CORAL GABLES, FL 33134 US

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: GLORIA ROA BODIN

09/26/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPVS () Delete
Name: CHINDEMI, LUISA
Address: 5744 NW 112 PLACE
City-St-Zip: MIAMI, FL 33178

Title: T () Delete
Name: CHINDEMI, LUISA
Address: 5744 NW 112 PLAC
City-St-Zip: MIAMI, FL 33178

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPVS (X) Change () Addition
Name: CHINDEMI, LUISA
Address: 14934 SW 22 ST
City-St-Zip: MIAMI, FL 33185

Title: T (X) Change () Addition
Name: CHINDEMI, LUISA
Address: 14934 SW 22 ST
City-St-Zip: MIAMI, FL 33185

I hereby certify that the information supplied with this filing does not qualify for the 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: LUISA CHINDEMI

DPVS

09/26/2006

Electronic Signature of Signing Officer or Director

Date