2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Feb 07, 2008 08:00 All Secretary of State DOCUMENT # P01000001456 1. Entity Name OLIVO'S PALLETS DEPOT CORP. Principal Place of Business Mailing Address 2332 NW 150 STREET 2332 NW 150 STREET OPA LOCKA FL 33054 OPA LOCKA FL 33054 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 65-1064748 Not Applicable Z_{ID} Ζφ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GAMARRA, WILBERT R Street Address (P.O. Box Number is Not Acceptable) 2332 NW 150 STREET OPA LOCKA FL 33054 City Zip Code 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. 6261/08) SIGNATURE Signature, typed or printed nan in of registered agent and title. I applicable, (NOTE: Registrated Agent a granture required when remetator g) FILE NOW!!!- FEE-IS-\$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete TITLE Change Addition NAMÊ GAMARRA, WILBERT R NAME 02/15/08-80048-002 150.00 STREET ADDRESS 2332 NW 150 STREET STREET ADDRESS CITY-ST-ZIP OPA LOCKA FL 33054 CITY-ST-ZIP TIT: E ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-712 TIPLE ☐ Delete TITLE Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$1-719 HT) E ☐ Derete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIF Deiete TITLE Change Addition 🔲 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 607. Florida Statutes: and that my name appears in Block 10 or Block 11 if changed, or on an attachment thap address, with all other like empowered. SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/01/08