


FILED
May 27, 2008 8:00 am
Secretary of State

04-21-2008 90044 033 *****8.75
05-27-2008 90042 031 ***141.25

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000053133 1. Entity Name OLIVIA INSURANCE II AGENCY CORP.	
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Principal Place of Business 5425 GOLDEN GATE PKWY #6 NAPLES, FL 34116	Mailing Address 5425 GOLDEN GATE PKWY #6 NAPLES, FL 34116
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40105220



01072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1108949	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GONZALEZ, OLIVIA 9123 TAPT ST. PEMBROKE PINES, FL 33024 5425 Golden Gate Pkwy #6 NAPLES, FL 34116

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD GONZALEZ, OLIVIA 5425 GOLDEN GATE PKWY, #6 NAPLES, FL 34116
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**DO NOT WRITE
IN THIS SPACE**

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 607, 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:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/14/08

Date

Daytime Phone #