

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2005 8:00 am
Secretary of State

02-28-2005 90240 029 ***150.00

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1st MOORE CR2E034 (10/04)

DOCUMENT # P01000054488 1. Entity Name OGGI ENTERPRISES, INC.																													
Principal Place of Business 5773 SW 49 ST MIAMI FL 33155			Mailing Address 5773 SW 49 ST MIAMI FL 33155																										
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																											
City & State		City & State																											
Zip	Country	Zip	Country																										
4. FEI Number 65-1112408			☒ Applied For ☐ Not Applicable																										
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required																										
6. Name and Address of Current Registered Agent DE LA VEGA & MORGADE 1 ALHAMBRA PLAZA 14TH FLOOR CORAL GABLES FL 33134			7. Name and Address of New Registered Agent Name 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 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 renewing) DATE _____																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be ☐ Trust Fund Contribution ☐ Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">P</td> <td style="width: 40%;">NAME</td> <td style="width: 10%;">Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>LUIS, OLGA M</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td>5773 SW 49 ST MIAMI FL 33155</td> <td></td> </tr> </table>			TITLE	P	NAME	Delete	STREET ADDRESS		LUIS, OLGA M		CITY - ST - ZIP		5773 SW 49 ST MIAMI FL 33155		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">Change</td> <td style="width: 10%;">Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	Change	Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																													
SIGNATURE: <u><i>Olga M. Lee</i></u> 3/15/05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																													