FILED
Mar 27, 2003 8:00 am
Secretary of State
03-27-2003 90101 025 ***158.75

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000011741

1. Entity Name
OLINDA FASHION, INC.

Principal Place of Business	Mailing Address
833 WASHINGTON AVENUE MIAMI BEACH, FL 33139	833 WASHINGTON AVENUE MIAMI BEACH, FL 33139

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
413 ESPANOLA WAY	413 ESPANOLA WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI BEACH FL	City & State: MIAMI BEACH FL
Zip: 33139 Country: US	Zip: 33139 Country: US

4. FEI Number: 03-0385292 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ABDO, MARIA D 833 WASHINGTON AVENUE MIAMI BEACH, FL 33139	Name: ABDO MARIA D Street Address (P.O. Box Number is Not Acceptable): 413 ESPANOLA WAY City: MIAMI BEACH FL Zip Code: 33139

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

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ABDO, MARI D 833 WASHINGTON AVENUE MIAMI BEACH, FL 33139	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ABDO MARIA D. 413 ESPANOLA WAY MIAMI BEACH FL. 33139	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

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: (X) Maria Abdo, 3/24/03 (305) 529-9098
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #