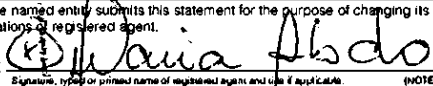
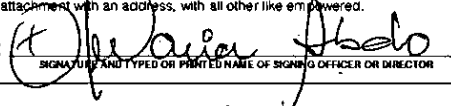


FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90101 025 ***158.75

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000011741			
1. Entry Name OLINDA FASHION, INC.			
Principal Place of Business 833 WASHINGTON AVENUE MIAMI BEACH, FL 33139		Mailing Address 833 WASHINGTON AVENUE MIAMI BEACH, FL 33139	
2. Principal Place of Business 413 ESPANOLA WAY Suite, Apt. #, etc.		3. Mailing Address 413 ESPANOLA WAY 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 ABDO, MARIA D 833 WASHINGTON AVENUE MIAMI BEACH, FL 33139		7. Name and Address of New Registered Agent 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  DATE _____ Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent's signature required when reinstating)			
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		TITLE NAME STREET ADDRESS CITY-ST-ZIP ABDO MARIA D. 413 ESPANOLA WAY MIAMI BEACH FL. 33139	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: 		Date 3/24/03 Daytime Phone # (305) 529-9098	

CFR2034 (10/02)