

**2004-FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000017080 1. Entity Name THE OLGER CORPORATION	
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Principal Place of Business 6925 RUE GRANVILLE MIAMI BEACH, FL 33141	Mailing Address 6925 RUE GRANVILLE MIAMI BEACH, FL 33141
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01092004 No Chg-P CR2E034 (10/03)

4. FEI Number 01-0706131	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

6. Name and Address of Current Registered Agent ALBERTS, THOMAS G ESQ. 300 ARAGON AVE. STE 250 CORAL GABLES, FL 33134

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 _____
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, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
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U000000108589
04/12/04-80009-014 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SABALLOS, OLGER 6925 RUE GRANVILLE MIAMI BEACH, FL 33141
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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: *Olger O Saballos*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR