

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000028678

**FILED**  
**May 23, 2011**  
**Secretary of State**

**Entity Name:** J. DEL OLMO BRIDAL GALLERY, INC.

**Current Principal Place of Business:**

323 MIRACLE MILE  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

322 MIRACLE MILE  
CORAL GABLES, FL 33134

**Current Mailing Address:**

323 MIRACLE MILE  
CORAL GABLES, FL 33134

**New Mailing Address:**

322 MIRACLE MILE  
CORAL GABLES, FL 33134

**FEI Number:** 03-0073756

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DEL OLMO, VIVIAN M  
323 MIRACLE MILE  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

DEL OLMO, VIVIAN M  
322 MIRACLE MILE  
CORAL GABLES, FL 33134 US

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.

SIGNATURE: VIVIAN DEL OLMO

05/23/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: DEL OLMO, JOAQUIN  
Address: 2630 SW 142 CT  
City-St-Zip: MIAMI, FL 33175

Title: VP  
Name: DEL OLMO, VIVIAN  
Address: 365 SW 31 RD  
City-St-Zip: MIAMI, FL 33129

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: VIVIAN DEL OLMO

VP

05/23/2011

Electronic Signature of Signing Officer or Director

Date