

2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90419 045 \*\*\*150.00

DOCUMENT # P03000027317

1. Entity Name  
OLAM MANAGEMENT, INC.



Principal Place of Business  
683 NORTH BISCAYNE RIVER DR.  
MIAMI, FL 33169

Mailing Address  
683 NORTH BISCAYNE RIVER DR.  
MIAMI, FL 33169



2. Principal Place of Business  
16300 NE 19th Ave  
Suite, Apt., etc.  
# 217

3. Mailing Address  
16300 NE 19th Ave  
Suite, Apt., etc.  
# 217

04182006 Chg-P CR2E034 (11/05)

City & State  
N. Miami Bch, FL  
Zip  
33162

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N. Miami Bch, FL  
Zip  
33162

4. FEI Number  
20-1050441

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMOLER, BRUCE J  
2611 HOLLYWOOD BLVD.  
HOLLYWOOD, FL 33020

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

16300 NE 19th Ave

Suite # 217

City

N. Miami Bch

FL

Zip Code

33162

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, 2006 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
D  
CHEMLA, MAEL  
STREET ADDRESS  
683 NORTH BISCAYNE RIVER DR.  
CITY - ST - ZIP  
MIAMI, FL 33169 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
16300 NE 19th Ave ☒ Change ☐ Addition  
STREET ADDRESS  
suite # 217  
CITY - ST - ZIP  
N. Miami Bch, FL - 33162

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/06

Date

Daytime Phone #