

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000044173

FILED
Apr 21, 2004
Secretary of State

Entity Name: OLA BEACH CORPORATION

Current Principal Place of Business:

3652 9TH STREET NORTH
100
NAPLES, FL 34103

New Principal Place of Business:

3652 9TH STREET NORTH
110
NAPLES, FL 34103

Current Mailing Address:

3652 9TH STREET NORTH
100
NAPLES, FL 34103

New Mailing Address:

3652 9TH STREET NORTH
110
NAPLES, FL 34103

FEI Number: 02-0688014

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRACIA, MARIA P
3389 TIMBERWOOD CIRCLE
NAPLES, FL 34105 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GRACIA, MARIA P
Address: 3389 TIMBERWOOD CIRCLE
City-St-Zip: NAPLES, FL 34105

Title: VP () Delete
Name: GRACIA, MARIO
Address: 3389 TIMBERWOOD CIRCLE
City-St-Zip: NAPLES, FL 34105

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: MARIA GRACIA

P

04/21/2004

Electronic Signature of Signing Officer or Director

Date