## 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P03000051790

Entity Name: OLAN ENTERPRISES, CORP.

FILED Dec 13, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

11294 SW 155 CT 10300 S.W. 159 AVE. MIAMI, FL 33196 MIAMI, FL 33196

Current Mailing Address: New Mailing Address:

11294 SW 155 CT 10300 S.W. 159 AVE. MIAMI, FL 33196 MIAMI, FL 33196

FEI Number: 04-3757448 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

RAMIREZ, LUCY A
11294 SW 155 CT
MIAMI, FL 33196 US

RAMIREZ, LUCY A
10300 S.W. 159 AVE.
MIAMI, FL 33196 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: LUCY A. RAMIREZ 12/13/2006

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP ( ) Delete Title: DP (X) Change ( ) Addition Name: RAMIREZ, MARIA Name: RAMIREZ, MARIA

 Name:
 RAMIREZ, MARIA
 Name:
 RAMIREZ, MARIA

 Address:
 11294 SW 155 CT
 Address:
 10300 S.W. 159 AVE.

 City-St-Zip:
 MIAMI, FL 33196
 City-St-Zip:
 MIAMI, FL 33196

Title: DV ( ) Delete Title: DV (X) Change ( ) Addition Name: RAMIREZ, LUCY A Name: RAMIREZ, LUCY A

Address: 11294 SW 155 CT Address: 10300 S.W. 159 AVE. City-St-Zip: MIAMI, FL 33196 City-St-Zip: MIAMI, FL 33196

Title: DS (X) Delete Title: ( ) Change ( ) Addition

 Name:
 ARENAS, OSCAR
 Name:

 Address:
 11294 SW 155 CT
 Address:

 City-St-Zip:
 MIAMI, FL 33196
 City-St-Zip:

Title: DS (X) Delete Title: ( ) Change ( ) Addition

 Name:
 SANCHEZ, OMAR
 Name:

 Address:
 10300 SW 159 AVE.
 Address:

 City-St-Zip:
 MIAMI, FL 33196
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: LUCY A. RAMIREZ DV 12/13/2006