

## **2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P03000051790

Entity Name: OLAN ENTERPRISES, CORP.

**FILED**  
**Oct 18, 2007**  
**Secretary of State**

### **Current Principal Place of Business:**

10300 S.W. 159 AVE.  
MIAMI, FL 33196

### **New Principal Place of Business:**

21100 95TH AVE. SUR  
318  
BOCA-RATON, FL 33428

### **Current Mailing Address:**

10300 S.W. 159 AVE.  
MIAMI, FL 33196

### **New Mailing Address:**

21100 95TH AVE. SUR  
318  
BOCA-RATON, FL 33428

FEI Number: 04-3757448

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RAMIREZ, LUCY A  
10300 S.W. 159 AVE.  
MIAMI, FL 33196 US

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

RAMIREZ, LUCY A  
21100 95 TH AVE. SUR  
318  
BOCA-RATON, FL 33428 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: \_\_\_\_\_

Electronic Signature of Registered Agent

10/18/2007

\_\_\_\_\_  
Date

### **OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: RAMIREZ, MARIA  
Address: 10300 S.W. 159 AVE.  
City-St-Zip: MIAMI, FL 33196

Title: DV ( ) Delete  
Name: RAMIREZ, LUCY A  
Address: 10300 S.W. 159 AVE.  
City-St-Zip: MIAMI, FL 33196

### **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: RAMIREZ, LUCY A  
Address: 21100 S.W. 95TH # 318  
City-St-Zip: BOCA-RATON, FL 33428

Title: DV (X) Change ( ) Addition  
Name: RAMIREZ, MARIA  
Address: 21100 S.W. 95TH AVE. SUR # 318  
City-St-Zip: BOCA-RATON, FL 33428

I hereby certify that the information supplied with this filing does not qualify 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

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

DP

10/18/2007

\_\_\_\_\_  
Date