FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P03000144044 2004

1. Entity Name

OLGA EXPRESS SUB_PASTA, INC.

DO NOT WRITE IN THIS SPACE

FILED
04 DEC 27 AM 8:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA.

2. Principal Place of Business	3. Mailing Address
10000 S.W. 56th St.	Same
Suite, Apt. #, etc.: suite 16	Suite, Apt. #, etc.: Same
City & State: Miami, Fla.	City & State: Same
Zip: 33165 Country: Miami-Dade	Zip: Same Country: Same

DO NOT WRITE IN THIS SPACE

4. FEI Number: 56-2421870 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Luis A. Chinea

Street Address (P.O. Box Number is Not Acceptable): 10000 S.W. 56 St 16

City: Miami, FL Zip Code: 33165

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.

SIGNATURE _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD NAME STREET ADDRESS CITY-ST-ZIP	Chinea Olga B. 10000 SW 56 St #16 Miami, Fl. 33165	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 04
TITLE SD NAME STREET ADDRESS CITY-ST-ZIP	Chinea Luis A. 10000 SW 56 St #16 Miami, Fl. 33165	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE TS NAME STREET ADDRESS CITY-ST-ZIP	Chinea Alejandro L. 10000 SW 56 St #16 Miami, Fl. 33165	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	900044675609 01/13/05--01013--012 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify 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 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Olga B Chinea Olga B. Chinea President 12/21/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Miami Dec 22nd 2000 Cal 2

Secretary of State
Division of Corp
(Florida Profit)

DEAR SECETARY:

I OLGA B. CHINEA, PRESIDENT of REGISTER CORP UNDER THE NAME "OLGA EXPRESS SUB-PASTA INC IN DECEMBER 4th 2003 AS DOCUMENT No P03000144044 FOR MISTAKE of FLORIDA DEPARMENT of STATE I don't HAVE RECEIVED ANNUAL REPORT FORM IN ORDER to PAY THE RENEWAL ON TIME

I'M SENDING MY CONTA FOR SAME YEAR IN THE AMOUNT of $150.00 AND don't COLLECTA ME A PENALTY (ATTACHED HERE TO AND INTERNED REPORT that CAN SEE tha MAY BE YOU USED other ADDRESS

PLEASE RE INSTALL MY CORPORATION AND SEND ME the form. ANNUAL REPORT 2005

THANK YOU IN ADVANCE for YOUR COOPERATION

Olga B Chinea
OLGA B CHINEA