

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90067 050 ***150.00

DOCUMENT # P03000144218					
1. Entity Name OLGA MALL, INC.					
Principal Place of Business 21738 WINDHAM RUN ESTERO, FL 33928			Mailing Address 21738 WINDHAM RUN ESTERO, FL 33928		
2. Principal Place of Business 2319 S. OLGA DR Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		03092004 Chg-P CR2E034 (10/03)	
City & State FT. MYERS, FL		City & State		4. FEI Number 20-0450520	
Zip 33905		Country LEE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FOSTER, SUZANNE D 21738 WINDHAM RUN ESTERO, FL 33928			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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: <u>SUZANNE D. FOSTER, PRESIDENT</u> <u>Suzanne D. Foster</u> <u>4-21-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature Required when re-registering) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Suzanne D. Foster</u> <u>SUZANNE D. FOSTER</u> <u>4-21-04</u> <u>(239) 992-8000</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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