2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # DOZOGO 14050 1

FILED Jan 19, 2005 8:00 am Secretary of State 01-19-2005 90007 006 ***150.00

1. Entity Nam	OLGA INSURANCE COR								
Principal Place 974 NW 136 MIAMI, FL 33	PL	Mailing Address 974 NW 136 PL MIAMI, FL 33182						3695	R Pa l II I n C i
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01072005	Chg-P	CR2E0	34 (10/03)		
City & State		City & State		4. FE Number	565405	57	↓	plied For at Applicable	
Zip	Country	Zip	Coun	itry		of Status Desired		\$8.75 Add Fee Required	
	6 Name and Address of Curren	t Registered Agent		Name	7: Name and	Address of New R	egistered A	Agent · · ·	
FERNANDEZ-BERGNES & ASSOCIATES, PA 7490 W FLAGLER ST MIAMI, FL 33144		ES, PA	Α		(P.O. Box Numbe	er is Not Acceptable)		
	<u>.</u>								
**	•			City			FL	Zip Codi	0
	e named entity submits this statement fitions of registered agent.	for the purpose of changing its	s register	ed office or registe	ered agent, or bot	h, in the State of Flo	rida. I am f	familiar with,	and accept
SIGNATURE_	Signature, typed or printed name of registered ager	nt and title if applicable. (NO	TE: Registere	d Agent signature require	ed when reinstating)		_ DATE		
	**				-				
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550	9. Election Campa Trust Fund Con		ncing \$5	5.00 May Be Ided to Fees				
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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.