2005 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 24, 2005 8:00 am Secretary of State **DOCUMENT # P04000039320** 01-24-2005 90070 001 *****8.75 1. Entity Name 01-24-2005 90070 002 ***150.00 OLIVE TREE, INC. Principal Place of Business Mailing Address 000000PP 1308 NE 4TH ST 1308 NE 4TH ST POMPANO BEACH, FL 33060 POMPANO BEACH, FL 33060 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 01192005 Applied For City & State City & State 4. FEI Number 84-1667387 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ADA C. BARRIENTOS BARRIENTOS, OSCAR O Street Address (P.O. Box Number is Not Acceptable) 1308 NE 4TH STREET # B 1308 NE 4TH ST #B POMPANO BEACH, FL. 33060 City Zip Code POMPANO BEACH <u>33060</u> 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. 1/20/2005 ADA C. BARRIENTOS SIGNATURE nature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE Delete TITLE ☐ Addition **PRESIDENT** NAME BARRIENTOS, OSCAR O NAME ADA C. BARRIENTOS 1308 NE 4TH ST #B STREET ADDRESS STREET ADDRESS CITY - ST - ZIP POMPANO BEACH, FL 33060 CITY-ST-ZIP TITLE ☐ Delete TITLE X Change Addition BARRIENTOS, ADA C NAME NAME 1308 NE 4TH STREET # B 1308 NE 4TH ST #B STREET ADDRESS STREET ADDRESS POMPANG BEACH, FL 33060 CITY-ST-ZIP POMPANO BEACH, FL 33060 CITY-ST-ZIP ☐ Delete TITLE □ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS City-St-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

ADA C. BARRIENTOS(PRES)

SIGNATURE:

1/20/2005

Davrime Phone #

FILED