2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000094397

1. Entity Name
OLAS THREE CORP.

Principal Place of Business	Mailing Address
641 NW 60 ST MIAMI, FL 33127	641 NW 60 ST MIAMI, FL 33127

DO NOT WRITE IN THIS SPACE

04062006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-1418894
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BOZO, EDUARDO
641 NW 60 ST
MIAMI, FL 33127

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

U00000492838
04/19/06-80080-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BOZO, EDUARDO
STREET ADDRESS	641 NW 60 ST
CITY-ST-ZIP	MIAMI, FL 33127
TITLE	V
NAME	PAOLINI, CARLOS
STREET ADDRESS	641 NW 60 ST
CITY-ST-ZIP	MIAMI, FL 33127
TITLE	V
NAME	THOMAS, EBEN
STREET ADDRESS	641 NW 60 ST
CITY-ST-ZIP	MIAMI, FL 33127
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] EDUARDO BOZO 04-11-06 954-274102
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #