


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90106 024 ***150.00

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|---|--|---|--|---|--|
| DOCUMENT # P04000111236 1. Entity Name THE OLIVE A COMPANY | | | |  | |
| Principal Place of Business 19235 FISHER ISLAND DRIVE MIAMI, FL 33109 | | | Mailing Address 19235 FISHER ISLAND DRIVE MIAMI, FL 33109 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address P.O. Box 330974 Suite, Apt. #, etc. | | | |
| City & State | | City & State MIAMI, FL | | 4. FEI Number 51-0516880 | |
| Zip 33233-0974 | | Country USA | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | 01122005 Chg-P CR2E034 (10/03) | |
| 6. Name and Address of Current Registered Agent MONTEAGUDO, CHRISTY 19235 FISHER ISLAND DRIVE MIAMI, FL 33109 | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <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 | P, D MONTEAGUDO, CHRISTY 19235 FISHER ISLAND DRIVE MIAMI, FL 33109 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input 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: Christy Monteaquedo C. Monteaquedo <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | 01-12-05 <small>Date Daytime Phone #</small> | | |

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