

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000131834

Entity Name: OLIVIER & ASSOCIATES CORP

FILED
May 01, 2006
Secretary of State

Current Principal Place of Business:

8011 NW 166 ST
MIAMI, FL 33016

New Principal Place of Business:

Current Mailing Address:

8011 NW 166 ST
MIAMI, FL 33016

New Mailing Address:

626 CORAL WAY
1003
CORAL GABLES, FL 33134

FEI Number: 20-1645380

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OVIDE, CLAUDIO P
421 SW 18 TERRACE
MIAMI, FL 33129 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: OVIDE, CLAUDIO P
Address: 421 SW 18 TERRACE
City-St-Zip: MIAMI, FL 33129

Title: T () Delete
Name: OVIDE, CLAUDIO P
Address: 421 SW 18 TERRACE
City-St-Zip: MIAMI, FL 33129

Title: S () Delete
Name: FIAT VADILLO, MONICA SEC
Address: 8011 NW 166 ST
City-St-Zip: MIAMI LAKES, FL 33016

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: FIAT VADILLO, MONICA SEC
Address: 626 CORAL WAY #1003
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAUDIO OVIDE

P

05/01/2006

Electronic Signature of Signing Officer or Director

Date