

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000131834

Entity Name: OLIVIER & ASSOCIATES CORP

FILED  
Apr 26, 2007  
Secretary of State

## Current Principal Place of Business:

8011 NW 166 ST  
MIAMI, FL 33016

## New Principal Place of Business:

421 SW 18 TERRACE  
MIAMI, FL 330129

## Current Mailing Address:

626 CORAL WAY  
1003  
CORAL GABLES, FL 33134

## New Mailing Address:

421 SW 18 TERRACE  
MIAMI, FL 33129

FEI Number: 20-1645380

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## 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

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: 626 CORAL WAY #1003  
City-St-Zip: CORAL GABLES, FL 33134

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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

PRES

04/26/2007

Electronic Signature of Signing Officer or Director

Date