
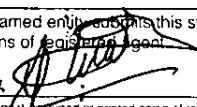
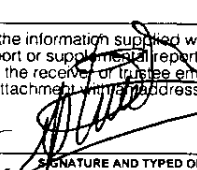


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90061 023 ***150.00

DOCUMENT # P04000148210 1. Entity Name OLIFONCA, INC.			
Principal Place of Business 13230 SW 58TH TERR MIAMI, FL 33183		Mailing Address 3603 WILDERNESS DR. WEST FORT PIERCE, FL 34982 US	
2. Principal Place of Business - No P.O. Box # 1920 N Esplanade Ave Suite, Apt. #, etc.		3. Mailing Address 1920 N. Esplanade Ave Suite, Apt. #, etc.	
City & State Ft. Pierce, FL Zip 34982		City & State Ft. Pierce, FL Zip 34982	
Country		Country	
4. FEI Number 20-1806334		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FONSECA, LYNNETH 3603 WILDERNESS DR. WEST FT. PIERCE, FL 34982		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1920 N. Esplanade Ave City Ft. Pierce State FL Zip Code 34982	
8. The above named entity certifies 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 04-28-2007 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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			
TITLE	VPS	<input type="checkbox"/> Delete	
NAME	FONSECA, OLIVER U		
STREET ADDRESS	3603 WILDERNESS DR. WEST		
CITY-ST-ZIP	FORT PIERCE, FL 34982		
TITLE	P	<input type="checkbox"/> Delete	
NAME	FONSECA, LYNNETH		
STREET ADDRESS	3603 WILDERNESS DR. WEST		
CITY-ST-ZIP	FORT PIERCE, FL 34982		
TITLE	T	<input type="checkbox"/> Delete	
NAME	FONSECA, PORFIRIO F		
STREET ADDRESS	13230 SW 58TH TERR		
CITY-ST-ZIP	MIAMI, FL 33183		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS	1920 N. Esplanade Ave		
CITY-ST-ZIP	Ft. Pierce, FL 34982		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS	1920 N. Esplanade Ave		
CITY-ST-ZIP	Ft. Pierce FL 34982		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS	1920 N. Esplanade Ave		
CITY-ST-ZIP	Ft. Pierce FL 34982		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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 11 if changed, or on an attachment to this address, with all other like empowered.			
SIGNATURE: 		04-28-2007 772 3324713	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	