

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90025 046 ***150.00

DOCUMENT # P05000028134

1. Entity Name
PINK OLIVES INC.



Principal Place of Business Mailing Address

13899 BISCAYNE BLVD. **13899 BISCAYNE BLVD.**
SUITE 317 **SUITE 317**
NORTH MIAMI BEACH, FL 33181 **NORTH MIAMI BEACH, FL 33181**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

13899 Biscayne Blvd **13899 Biscayne Blvd**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
127 **127**

City & State City & State

North Miami Beach, FL **North Miami Beach, FL**
 Zip Country Zip Country
33181 **Miami-Dade** **33181** **Miami-Dade**



01242008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For

86-1129073 Not Applicable

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

6. Name and Address of Current Registered Agent **7. Name and Address of New Registered Agent.**

RIVERA, LUCIA
5148 SW 157TH AVENUE
MIRAMAR, FL 33027

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.

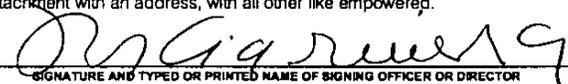
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$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 RIVERA, LUCIA 5148 SW 157TH AVENUE MIRAMAR, FL 33027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIVERA, LUISA 5148 SW 157TH AVENUE MIRAMAR, FL 33027 <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 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 with an address, with all other like empowered.

SIGNATURE:  **3/31/08 (305) 975-1228**
 _____ Date Daytime Phone #