

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000044039

Entity Name: AOLO ENTERPRISES, CORP.

FILED
Apr 28, 2008
Secretary of State

Current Principal Place of Business:

1809 SOUTH POWERLINE ROAD
106
DEERFIELD BEACH, FL 33442

New Principal Place of Business:

Current Mailing Address:

1809 SOUTH POWERLINE ROAD
106
DEERFIELD BEACH, FL 33442

New Mailing Address:

FEI Number: 20-2654103 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JAIMES, OMAR
1809 SOUTH POWERLINE ROAD
106
DEERFIELD BEACH, FL 33442 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: D () Delete
Name: GARCIA, MAGGLEBE A
Address: 1050 NW 80TH AVE #206
City-St-Zip: MARGATE, FL 33063

Title: D () Delete
Name: MARTINEZ, OSCAR
Address: 250 NW 118TH AVE
City-St-Zip: CORAL SPRINGS, FL 33071

Title: D () Delete
Name: CORREA, LUIS F
Address: 14771 SW 16TH STREET
City-St-Zip: DAVIE, FL 33325

Title: D () Delete
Name: JAIMES, OMAR
Address: 1809 SOUTH POWERLINE ROAD
City-St-Zip: DEERFIELD BEACH, FL 33442

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:

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: OMAR A JAIMES

D

04/28/2008

Electronic Signature of Signing Officer or Director

_____ Date