2008 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P05000076067



Entity Name OLIVO ACCOUNTING & MORE, INC.						04-23-2008 9	0018 030) · · · 130	.00
Principal Place of Business 9441 FONTAINEBLEAU BLVD 206 MIAMI, FL 33172		Mailing Address 9441 FONTAINEBLEAU BLVD 206 MIAMI, FL 33172			00101 BMII 36111 82117 891		iri musim wilhi im	Sips: II ipai	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01282008	Chg-P	CR2E0	34 (12/06)	
City & State		City & State			4. FEI Numb				pplied For
Zíp	Country	Zip	Count	try		of Status Desired		\$8.75 Add	Iditional
	6. Name and Address of Current	Registered Agent	-l	· · · · · · · · · · · · · · · · · · ·	7. Name and	Address of New R			
				Name			- 8		
OLIVO, CANDIDA F 9441 FONTAINEBLEAU BLVD				Street Address (P.O. Box Number is Not Acceptable)					
206 MIAMI∰EL	33172								
	1945 1945			City			FL	Zip Cod	je
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.									
BIGNATURE NOTE: Registered agent and httle if applicable. (NOTE: Registered agent and httle if applicable.) NOTE: Registered Agent agent and agent and httle if applicable.									
FILE NOWILL FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees									
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO OFF	ICERS AND	DIRECTOR	RS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS OLIVO, CANDIDA F 9441 FONTAINEBLEAU BLVD MIAMI, FL. 33172	□ Deiete		į.		, ,		☐ Change	☐ Addition
TITLE		☐ Delele	FITLE					☐ Change	Addition
NAME STREET ADDRESS			NAME STREE	ET ADDRESS					
CITY-ST-ZIP			CHTY-	-ST-ZIP		-,			
TITLE .		☐ Delete	TITLE					☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS - ST-ZIP					
TITLE		☐ Delcie	TITLE	į.				Change	Addition
NAME STREET ADDRESS			NAME STREE	et aduress					!
CITY-ST-ZIP			CITY	-ST-ZIP					
TITLE		☐ Delete	TITLE					☐ Change	☐ Addition
NAME STREET ADDRESS				ET ADORESS					
CITY-ST-ZIP			CITY	-ST-ZIP					
TITLE		☐ Delete	TITLE	į .				☐ Change	☐ Addition
NAME STREET ADDRESS			NAME STRE	ET ADDRESS					
CITY-ST-ZIP				-ST-ZIP					
indicated	certify that the information supplied wit on this report or supplemental report poration or the receiver or trustee emp or on an attachment with a raddress.	s true and accurate and that sowered to execute this repor	: my signat rt as recuii	ture shall have the	same legal effe	ot as it made under-	oatni that La	am an orrice	er or director