


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P05000116295</b>	
1. Entity Name <b>FAMOLI CORPORATION</b>	

Principal Place of Business <b>8421 NW 197TH TERRACE HIALEAH, FL 33015</b>	Mailing Address <b>8421 NW 197TH TERRACE HIALEAH, FL 33015</b>
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**DO NOT WRITE IN THIS SPACE**



04032008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>20-3339873</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent	
<b>OLIVARDIA, CONSTANTINO SR 8421 NW 197TH TERRACE HIALEAH, FL 33015</b>	

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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 _____	Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U000000901994 04/29/08-80092-005 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P OLIVARDIA, CONSTANTINO SR 8421 NW 197TH TERRACE HIALEAH, FL 33015</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP/T OLIVARDIA, ERIC ALEXANDER 8481 NW 191 STREET HIALEAH, FL 33015</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SEC OLIVARDIA, JONATHAN 18820 MEDITERRANEAN BLVD UNIT 1805 MIAMI, FL 33015</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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.

<b>SIGNATURE:</b> _____	<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b> <i>Constantino Olivardia</i>	<b>Date</b> <i>4/14/08</i>	<b>Daytime Phone #</b> <i>786-512-1886</i>
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