

**2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Sep 26, 2007  
Secretary of State**

DOCUMENT# P06000043703

Entity Name: OLAVOIP, INC

**Current Principal Place of Business:**

7746 NW 25TH STREET  
MARGATE, FL 33063

**New Principal Place of Business:**

**Current Mailing Address:**

7746 NW 25TH STREET  
MARGATE, FL 33063

**New Mailing Address:**

FEI Number: 03-0586617      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COSTA, ALEXANDRE H  
7746 NW 25TH STREET  
MARGATE, FL 33063    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

**OFFICERS AND DIRECTORS:**

Title: P                    ( ) Delete  
Name: TARTAROTTI, KLEYTON D  
Address: 310 SW 7TH AVE.  
City-St-Zip: BOCA RATON, FL 33486

Title: VP                    ( ) Delete  
Name: COSTA, ALEXANDRE H  
Address: 7746 NW 25TH STREET  
City-St-Zip: MARGATE, FL 33063

Title:                        ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title:                        ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VP                    (X) Change ( ) Addition  
Name: TARTAROTTI, KLEYTON D  
Address: 7746 NW 25TH STREET  
City-St-Zip: MARGATE, FL 33063

Title: P                    (X) Change ( ) Addition  
Name: COSTA, ALEXANDRE H  
Address: 7746 NW 25TH STREET  
City-St-Zip: MARGATE, FL 33063

Title: D                    ( ) Change (X) Addition  
Name: PEREIRA, DANIEL  
Address: 7746 NW 25TH STREET  
City-St-Zip: MARGATE, FL 33063

Title: D                    ( ) Change (X) Addition  
Name: OLIVEIRA, GEOVANI M  
Address: 7746 NW 25TH STREET  
City-St-Zip: MARGATE, FL 33063

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: KLEYTON TARTAROTTI

VP

09/26/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date