
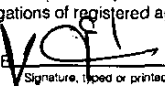
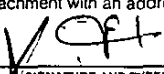


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2007 8:00 am
Secretary of State

07-23-2007 90035 038 ***150.00

DOCUMENT # P06000059413 1. Entity Name GHASSAN OLYYAN CORPORATION					
Principal Place of Business 2900 W 12 AVE # 10 HIALEAH, FL 33012 US			Mailing Address 2900 W 12 AVE # 10 HIALEAH, FL 33012 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-4780426	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OLYYAN, GHASSAN 2140 BAY DRIVE APT. 4 MIAMI BEACH, FL 33141				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE  (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	VP OLYYAN, GHASSAN 2140 BAY DRIVE APT. 4 MIAMI, FL 33141	<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	P OLYYAN, AMIN 2140 BAY DRIVE APT. 4 MIAMI BEACH, FL 33141	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date 7/19/07 Daytime Phone #					

ATTACHMENT

40126313

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 1500
ATALLAHASSEE, FL. 32302-1500

JULY 19, 2007

REFERENCE: P06000059413
~~GHASSAN OLYYAN CORPORATION~~

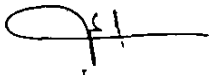
I THE UNDERSIGNED AMIN OLYYAN OWNER OF GHASSAN OLYYAN
CORPORATION BY THIS MEANS CERTIFY:

THAT I NEVER RECEIVED THE UNIFORM BUSSINESS REPORT FOR THE
YEAR 2007.

ON JULY 17, 2007 I RECEIVED A CARD SAYING THAT MY CORPORATION IS
GOING TO BE DISSOLVE.

ATTACHED THERE IS A CHECK FOR THE AMOUNT OF \$150.00.

AND TO VERIFY THE ABOVE INFORMATION I AM SIGNING THIS LETTER IN
FRONT OF A NOTARY PUBLIC OF THE STATE OF FLORIDA



AMIN OLYYAN

STATE OF FLORIDA
COUNTY OF DADE
SWORN AND SUBSCRIBED BEFORE ME
THIS JULY 17 OF THE YEAR 2007



NOTARY PUBLIC

