2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-22-2007 90021 019 ****61.25
07-23-2007 90041 014 ****88.75

DOCUMENT # P06000116876

1. Entity Name
OLGA BUS, CORP.

Principal Place of Business	Mailing Address
1411 LENAPE DRIVE MIAMI SPRINGS, FL 33135	1411 LENAPE DRIVE MIAMI SPRINGS, FL 33135

2. Principal Place of Business No P.O. Box # | 3. Mailing Address
Suite, Apt #, etc | Suite, Apt #, etc
City & State | City & State
Zip | Country | Zip | Country

02052007 Chg-P CR2E034 (12/06)

4. FEI Number 20-5692391 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GARCIA, CARIDAD
1411 LENAPE DRIVE
MIAMI SPRINGS, FL 33135

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 ______________________ DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$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	PO GARCIA, CARIDAD 1411 LENAPE DRIVE MIAMI SPRINGS, FL 33135	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHMENT

40126637

OLGA BUS CORP, 1411 LENAPE DRIVE, MIAMI SPRINGS, FL 33166
305-244-8667 cell

July 17, 2007

Florida Department of State
Division of Corporations
PB 6327
Tallahassee, FL 32314

Ref: P06000116876

To Whom It May Concern:

Enclosed please find the total balance of $88.75 By mistake I had paid a lessor amount than the $150.00.

Please note that I was unaware of this discrepancy in payment and it was only until very recent that I received your letter stating that we had paid incorrectly. I just received this letter had I received it sooner I would have mailed the difference sooner.

I apologize for this oversight and I hope that I will not get charged a fine for this oversight.

Thank you and if you have any questions please feel free to give me a call.

Caridad Garcia
Olga Bus, Corp.