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Secretary of State
01-25-2007 90051 007 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000121932

1. Entity Name
LA OLIVA-VICTORIANO HERNANDEZ,INC.

02/05/07 66005438

Principal Place of Business	Mailing Address
~~6022 FAIRLAWN DR. ORLANDO, FL 32809~~ 7034 Pendeer Way ORLANDO, FL 32822	~~6022 FAIRLAWN DR. ORLANDO, FL 32809~~
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

01172007 Chp-P CR2E034 (12/06)

4. FEI Number 80-5588151 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HERNANDEZ, VICTORIANO	Name
~~6022 FAIRLAWN DR~~ Pendeer Way	Street Address (P.O. Box Number is Not Acceptable) Pendeer Way
~~ORLANDO, FL 32809~~ Orlando, FL 32822	City Orlando, FL FL Zip Code 32822

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

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	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HERNANDEZ, VICTORIANO	NAME	
STREET ADDRESS	~~6022 FAIRLAWN DR.~~ Pendeer Way	STREET ADDRESS	
CITY-ST-ZIP	~~ORLANDO, FL 32809~~ Orlando, FL 32822	CITY-ST-ZIP	
TITLE	S ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HERNANDEZ, BEATRIZ	NAME	
STREET ADDRESS	~~6022 FAIRLAWN DR~~ Pendeer Way	STREET ADDRESS	
CITY-ST-ZIP	~~ORLANDO, FL 32809~~ Orlando FL 32822	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: X [signature] 01/17/07 407-797-8508
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #