

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90039 004 ***158.75

DOCUMENT # P06000139954

1. Entity Name
OLIMER, INC.



Principal Place of Business
**175 FONTAINEBLEAU BLVD
SUITE 1-F
MIAMI FL 33172**

Mailing Address
**175 FONTAINEBLEAU BLVD
SUITE 1-F
MIAMI FL 33172**



2. Principal Place of Business - No P.O. Box, #

2224 Coral Way
Suite, Apt. #, etc.

3. Mailing Address

same
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Miami, Fla
Zip **33145** Country **USA**

City & State

same
Zip Country

4. FEI Number

2243945744

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**OLIVA, MERCEDES
175 FONTAINEBLEAU BLVD
SUITE 1-F
MIAMI FL 33172**

7. Name and Address of New Registered Agent

Name **OLIVA, MERCEDES**
Street Address (P.O. Box Number is Not Acceptable)
2224 Coral Way
City **Miami** FL Zip Code **33145**

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
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **OLIVA, DAVID**
STREET ADDRESS **175 FONTAINEBLEAU BLVD, SUITE 1-F**
CITY-ST-ZIP **MIAMI FL 33172**

TITLE **TSD** ☐ Delete
NAME **OLIVA, MERCEDES**
STREET ADDRESS **175 FONTAINEBLEAU BLVD, SUITE 1-F**
CITY-ST-ZIP **MIAMI FL 33172**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

4/19/07 305-859-4964
Date Daytime Phone #