


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 15, 2008 8:00 am**  
**Secretary of State**

04-15-2008 90025 003 \*\*\*158.75

<b>DOCUMENT # P07000022752</b> 1. Entity Name OLIVA'S HOME CORP	
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Principal Place of Business 3403 NW 82 AV SUITE 103 DORAL, FL 33122	Mailing Address 3403 NW 82 AV SUITE 103 DORAL, FL 33122
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**DO NOT WRITE IN THIS SPACE**

04022008 No Chg-P CR2E034 (11/05)

4. FEI Number 74-3206648	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

OLIVA, JUAN SR  
201 TO TO LO CHEE DR  
HIALEAH, FL 33010

**DO NOT WRITE  
IN THIS SPACE**

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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OLIVA, JUAN SR 201 TO TO LO CHEE DR HIALEAH, FL 33010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FUNDORA, ROSA 201 TO TO LO CHEE DR HIALEAH, FL 33010
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:  **4/10/08** **(305) 733 4807**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #