
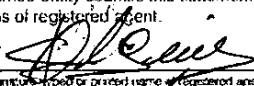



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90051 044 \*\*\*150.00

<b>DOCUMENT # P07000035422</b> 1. Entity Name <b>OLGUIN SERVICES CORP</b>																																	
Principal Place of Business <b>6470 SW 41TH ST 22 MIAMI, FL 33155</b>			Mailing Address <b>6470 SW 41TH ST 22 MIAMI, FL 33155</b>																														
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.																															
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number  Applied For <input type="checkbox"/> Not Applicable																													
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		03082008      Chg-P      CR2E034 (12/06)																															
6. Name and Address of Current Registered Agent  <b>OLGUIN, CLAUDIO O 6470 SW 41TH ST 22 MIAMI, FL 33155</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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:  <b>OWNER</b> <b>04/15/2008</b> <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE</small>																																	
<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 May Be Added to Fees</b>																															
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:10%;">P</td> <td style="width:40%;">NAME</td> <td style="width:10%;">Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td><b>OLGUIN, CLAUDIO O</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td><b>6470 SW 41TH ST # 22</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td><b>MIAMI, FL 33155</b></td> <td></td> </tr> </table>			TITLE	P	NAME	Delete	NAME		<b>OLGUIN, CLAUDIO O</b>		STREET ADDRESS		<b>6470 SW 41TH ST # 22</b>		CITY-ST-ZIP		<b>MIAMI, FL 33155</b>		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:10%;">Change</td> <td style="width:10%;">Addition</td> </tr> <tr> <td>NAME</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	Change	Addition	NAME	<input type="checkbox"/>	<input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP		
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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:  <b>CLAUDIO OLGUIN</b> <b>04/15/2008</b> <b>305-987-7853</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>																																	