

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000081141

Entity Name: PEDRO OLMO, INC

FILED  
Mar 02, 2009  
Secretary of State

## Current Principal Place of Business:

2939 MINGO DR.  
TAMPA, FL 34638

## New Principal Place of Business:

2939 MINGO DR.  
LAND O' LAKES, FL 34638

## Current Mailing Address:

2939 MINGO DR.  
TAMPA, FL 34638

## New Mailing Address:

2939 MINGO DR.  
LAND O' LAKES, FL 34638

FEI Number: 26-0553342

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CARDENAS, MANUEL M  
2939 MINGO DR.  
TAMPA, FL 34638 US

## Name and Address of New Registered Agent:

CARDENAS, MANUEL M  
2939 MINGO DR.  
LAND O' LAKES, FL 34638 US

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.

SIGNATURE: MANUEL CARDENAS

03/02/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: CARDENAS, MANUEL  
Address: 2939 MINGO DR.  
City-St-Zip: LAND O LAKES, FL 34638

Title: V ( ) Delete  
Name: OLMO, PEDRO  
Address: 3639 ARCTIC CIRCLE  
City-St-Zip: NAPLES, FL 34112

Title: T ( ) Delete  
Name: CARDENAS, ANA  
Address: 2939 MINGO DR.  
City-St-Zip: LAND O LAKES, FL 34638

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MANUEL CARDENAS

P

03/02/2009

Electronic Signature of Signing Officer or Director

Date