


# 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

|   |   |   |  |  |   |
|---|---|---|--|--|---|
| <b>DOCUMENT # P07000106180</b>  |   |   |  |   |   |
| <b>1. Entity Name</b><br>OLE ENTERPRISE INC.  |   |   |  |  |   |
| <b>Principal Place of Business</b><br>3448 MARINA TOWN LANE NW EAST WING<br>NORTH FORT MYERS, FL 33903  |   |   | <b>Mailing Address</b><br>3448 MARINA TOWN LANE NW EAST WING<br>NORTH FORT MYERS, FL 33903 |  |   |
| <b>2. Principal Place of Business - No P.O. Box #</b>   |   | <b>3. Mailing Address</b>   |  |  |   |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.   |  |  |   |
| City & State  |   | City & State  |  | <b>4. FEI Number</b><br>26-1131914   |   |
| Zip   |   | Country   |  | <b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |   |
| <b>6. Name and Address of Current Registered Agent</b><br><br>LEAL, OMAR<br>3901 SW 129TH AVE<br>MIAMI, FL 33175  |   |   |  | <b>7. Name and Address of New Registered Agent</b><br>Name <u>MARIO J NARANJO</u><br>Street Address (P.O. Box Numbers Not Acceptable) <u>200 - 2ND AVE S.</u><br>City <u>ST PETERSBURG</u> <u>FL</u> Zip Code <u>33701</u> |   |
| <b>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.</b><br>SIGNATURE <u>Mario J Naranjo</u> / <u>MARIO J NARANJO</u> DATE <u>9/15/08</u><br><small>(NOTE: Registered Agent signature required when reinstating)</small>  |   |   |  |  |   |
| <b>Amended AR is \$61.25</b>  |   | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |  |   |
| <b>10. OFFICERS AND DIRECTORS</b>   |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                               |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DP<br>LEAL, OMAR<br>3901 SW 129TH AVE<br>MIAMI, FL 33175          | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | V,D<br>LEAL, OMAR<br>3901 SW 129TH AVE<br>MIAMI FL 33175  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DST<br>ALONSO, SERGIO<br>209 SW 22ND TERR<br>CAPE CORAL, FL 33991 | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | V,D<br>ALONSO, SERGIO<br>209 SW 22ND TER<br>CAPE CORAL, FL 33991  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <u>07/9/22</u>  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P,D<br>NARANJO, MARIO<br>200-2ND AVE S.<br>ST PETERSBURG, FL 33701  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete                                   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>800136271558<br>09/23/08--01050--008 **70.00 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete                                   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| <b>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.</b> |   |   |  |  |   |
| <b>SIGNATURE:</b> <u>Mario J Naranjo</u> / <u>MARIO J NARANJO</u>   |   |   |  | DATE <u>9/15/08</u> DAYTIME PHONE # <u>727-417-4752</u>  |   |

FILED  
08 SEP 22 PM 1:27  
DEPT. OF STATE  
TALLAHASSEE, FLORIDA



09162008 Chg-P CR2E034 (12/06)