

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000085234

Entity Name: OLE-EVENTS INC

FILED
Jun 22, 2009
Secretary of State

Current Principal Place of Business:

2750 NE 183RD ST
2107
AVENTURA, FL 33160

New Principal Place of Business:

Current Mailing Address:

2750 NE 183RD ST
2107
AVENTURA, FL 33160

New Mailing Address:

FEI Number: 26-3425858 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DERHY FINANCIAL SERVICES LLC
99 NW 183RD ST
138
MIAMI, FL 33169 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MALKA, LIRAN
Address: 2750 NE 183RD STREET # 2107
City-St-Zip: AVENTURA, FL 33160

Title: VP () Delete
Name: YALDA, MARTIN S
Address: 2931 BANGS AVE
City-St-Zip: MODESTO, CA 95356

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: LIRAN MALKA

CEO

06/22/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date