2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

P35507 **DOCUMENT #**

1. Entity Name

OLIVIA FINANCIAL CORP.



Apr 03, 2003 8:00 am \$ Secretary of State , **FILED**

04-03-2003 90174 034 ***150.00

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP							NE WE						
Suite, Act #, etc. Suite,	2401 N. RIVER	N. RIVERSIDE DR.	3062			1 1 13 411 16 1 188 44 18 1 9 1181 8144 8			1811 BJBH (88)				
City & State POHPAND DEACH City & State City & State Country Country Country S. Certificate of Status Dealed S8.75 Additional Fee Required Assistance A													
## Country Source	Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
6. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 City FL Zip Code 6. The above named entity submits this statement for the purpose of charbing its registered office or registered agent, or both, in the State of Florida. I arm familiar with, and accept the cologiations of registered agent, or both, in the State of Florida. I arm familiar with, and accept the cologiations of registered agent, are both, in the State of Florida. I arm familiar with, and accept the cologiations of registered agent, are both, in the State of Florida. I arm familiar with, and accept the cologiations of registered agent, or both, in the State of Florida. I arm familiar with, and accept the cologiations of registered agent, or both, in the State of Florida. I arm familiar with, and accept the cologiations of registered agent, or both, in the State of Florida. I arm familiar with, and accept the cologiations of registered agent, or both, in the State of Florida. I arm familiar with, and accept the cologiations of registered agent, or both, in the State of Florida. I arm familiar with, and accept the cologiations of registered agent, or both, in the State of Florida. I arm familiar with, and accept the cologiations of registered agent, or both, in the State of Florida. I arm familiar with, and accept the cologiations of registered agent, or both, in the State of Florida. I arm familiar with, and accept the cologiations of registered agent, or both, in the State of Florida. I arm familiar with, and accept the cologiations of registered agent, or both, in the State of Florida. I arm familiar with, and accept the cologiations of registered agent, or both, in the State of Florida. I arm familiar with, and accept the cologiations of registered agent, or both, in the State of Florida. I arm familiar with, and accept the cologiations of registered agent, or both, in the State of Florida. I arm familiar with, and accept the cologiations of registered agen					City & State				hh-1/XI/A/h]
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 . TALLAHASSEE FL 32301 City City FL Zip Code FL City FL Zip Code FL City FL Zip Code City FL Zip Co	^{Zip} 33061	Zip Country FL				Cour	5. (. Certificate of Status Desired				
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 City FL Zip Code 6. The above named entity submits this statement for the purpose of charging its registered office or registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent. (NOTE Registered Agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Pospher to Pricers AND DIRECTORS 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 IIII. KRAUSE, H. WERNER 201 N. RIVERSIDE DRIVE TITLE NAME KRAUSE, MAY P KRAU	-	6. Name	and Address of Current	t Registere									4
TALLAHASSEE FL 32301 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Fiorida. If am familiar with, and accept the obligations of registered agent. **SIGNATURE** **PO LUCY** **Signature** **Signature** **PORT	1201 HAY	CORPORATION SYST	TEM INC.										
the obligations of registered agent. SIGNATURE SIGNATURE SOUND IN THE IS S150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE NOW!! FEE IS S150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE TITLE MAME STREET ADDRESS CITY-ST-2P TOPMANO BEACH FL TITLE NAME STREET ADDRESS CITY-ST-2P STREET ADDRESS STREE			301				City			FL	Zip Cod	e	1
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.	the obligat	ions of regist	ered agent.	Nil.	\sim \sim	ts register	ed office or	registered a	agent, or both, in the State of Flo	orida. I am fa	miliar with,	and accept	
After May 1, 2003 Fee will be \$550.00 May be Make Check Payable to Florida Department of State 10.	aldivations.	Signature, typed	or printed name of registered agen	t and title if app	olicable. (NO	TE: Registere	d Agent signatur	e required whe	n reinstating)	DATE			ļ
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	After	3 Fee will be \$550.00	of State										
TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET		,	<u> </u>		npe	1 11			ADDITIONS (CHANCES TO GE	ICEDS AND I	DIDECTOR	C IN 11	4
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S	TITLE NAME STREET ADDRESS	KRAUSE, I 2401 N. RI	H. WERNER VERSIDE DRIVE	, billeoro		TITLI NAM STRE	E ET ADDRESS	<u>, , , , , , , , , , , , , , , , , , , </u>	ADDITIONAL OF THE AREA OF THE		_	Addition	100,017,100
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	TITLE NAME STREET ADDRESS	S KRAUSE, I 2401 N. RI	MARY P VERSIDE DRIVE		☐ Delete	TITLE NAM STRE	E Eet address		والمارية المارية المعال	Caraba Server	Change	Addition	1000
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	TITLE NAME STREET ADDRESS	T OINI AIVO	BEACHTE		□ Delete	TITLE NAM STRE	E EET ADDRESS				Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	NAME STREET ADDRESS		, , , , , , , , , , , , , , , , , , , ,		☐ Delete	NAM Stre	E ET ADDRESS			1	Change	Addition	
NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	NAME STREET ADDRESS				Delete .	NAMI STRE	e Et address			l	Change	☐ Addition	
	NAME STREET ADDRESS		,		☐ Delete	nami Stre	E Et address			ſ	Change	Addition	1

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental Jeport 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 entropowered. IMURE GUIREDHWERNER KRAUSE

SIGNATURE:

(954) 186-9300