

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90080 043 ***150.00

DOCUMENT # P95000000585

1. Entity Name

OLAZABAL & ASSOCIATES, INC.



Principal Place of Business

**1840 WEST 49TH STREET
SUITE 510
HIALEAH FL 33012-2949**

Mailing Address

**1840 WEST 49TH STREET
SUITE 510
HIALEAH FL 33012-2949**

2. Principal Place of Business

5787-B NW 151ST STREET

3. Mailing Address

5787-B NW 151ST STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI LAKES FL

City & State

MIAMI LAKES, FL

4. FEI Number

65-0559058

Applied For

Not Applicable

Zip

33014

Country

Zip

33014

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**OLAZABAL, ELVIA
19630 NW 84 AVENUE
MIAMI FL 33015**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **OLAZABAL, ELVIA**
STREET ADDRESS **19630 N.W. 84TH AVE.**
CITY-ST-ZIP **MIAMI FL 33015**

TITLE **SD** ☐ Delete
NAME **OLAZABAL, VICTOR M**
STREET ADDRESS **19630 N.W. 84TH AVE.**
CITY-ST-ZIP **MIAMI FL 33015**

TITLE **VP** ☐ Delete
NAME **RUANO, MARILYN O**
STREET ADDRESS **739 NW 208 WAY**
CITY-ST-ZIP **PEMBROKE PINES FL 33029**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/05 305 825 8881

Date

Daytime Phone #