

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90036 032 ***150.00

DOCUMENT # P95000000585

1. Entity Name
OLAZABAL & ASSOCIATES, INC.



Principal Place of Business
**5787-B NW 151ST STREET
HIALEAH, FL 33014**

Mailing Address
**5787-B NW 151ST STREET
HIALEAH, FL 33014**

40045643



DO NOT WRITE IN THIS SPACE

03112008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0559058

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

TITLE VP
NAME RUANO, MARILYN O
STREET ADDRESS 16920 NW 83 ST
CITY-ST-ZIP HIALEAH, FL 33016

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/08
Date

305 8258881
Daytime Phone #