

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 02, 2004 8:00 am**  
**Secretary of State**

02-02-2004 90008 041 \*\*\*150.00

**DOCUMENT # P95000006628**

1. Entity Name  
**OLIVES & FOODS, INC.**



Principal Place of Business  
**1175 NE 125, SUITE 404  
MIAMI, FL 33161**

Mailing Address  
**1175 NE 125, SUITE 404  
SUITE 430  
MIAMI, FL 33161**

**94008309**



01172004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0552866</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

**GAZMURI, FERNANDO  
1175 NE 125 STREET, SUITE 404  
N. MIAMI, FL 33161**

**DO NOT WRITE  
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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	POTO, ENCARNACION
STREET ADDRESS	13903 NORTHWEST 67TH AVENUE
CITY - ST - ZIP	MIAMI LAKES, FL 330142939

TITLE	D
NAME	SANCHEZ, FRANCISCO
STREET ADDRESS	13903 NORTHWEST 67TH AVENUE
CITY - ST - ZIP	MIAMI LAKES, FL 330142939

TITLE	D
NAME	ORTA, FRANCISCO
STREET ADDRESS	13903 NORTHWEST 67TH AVENUE
CITY - ST - ZIP	MIAMI LAKES, FL 330142939

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

*FERNANDO GAZMURI*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-23-04**

Date

**305-893-4440**

Daytime Phone