FILED Apr 29, 2005 8:00 am Secretary of State 04-29-2005 90268 021 ***158.75

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMEN 1. Entity Name OLIVES & FOO	IT # P95000006 ds, inc.	6628								
Principal Place of Bus 1175 NE 125 , SUIT MIAMI, FL 33161		Mailing Address 1175 NE 125 , SUITE 4 SUITE 430 MIAAR, FL 33161	104							
2. Principal Place of 6		3. Mailing Address P.O. Box 2.	597	TOTAL OF THE CONTROL OF THE CONTRO						
10700 Nort	n rieeway	Suite, Apt. #, etc.	707	04282005 Chg-P CR2E034 (10/03)						
Suite 800 City & State		City & State		4, FEI Number Applied For						
Houston, Texas		Houston, Texas		65-0552866 Not Applicable						
77037	Country Harris	77252	Harris	5. Certificate of Status Desired Secretary Secre						
6. N	ame and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent						
GAZMURI, FERI 1175 NE 125 ST N. MIAMI, FL 33	REET, SUITE 404		Street Add	Herbert Osle Street Address (P.O. Box Number is Not Acceptable) 531 Santurce Avenue						
				Coral Gables FL Zp Code 33143						
the obligations of r		or the purpose of changing its	registered onice or re	egistered agent, or both, in the State of Florida. I am familiar with, and accept						
SIGNATURE Symmus	typed or printed name of registered agent	and this if applicable. (NOT	E. Regulated Agent significate	required when rematating) DATE						
	viii FEE IS \$150.00 1005 Fee will be \$560.	9. Election Campa Trust Fund Con		\$5.00 May Be Added to Pees						
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11						
MILE XXX	Officer DENCARNACION	☐ Deleta	TITLE HAME	Director Change Maddition Bronson Schultz						
STREET ADDRESS 1390	NORTHWEST 67TH AVE I LAKES, FL 330142939		STREET ADDRESS CITY-ST-ZIP	10700 North Freeway, Suite 800 Houston, TX 77037						
TIFLE D	D Topiets IT SANCHEZ FRANCISCO			Director ☐ Change ② Addition Carlos Salomon						
STREET ADDRESS 1390	NORTHWEST 67TH AVE	NUE	STREET ADDRESS CITY-ST-28P	10700 North Freeway, Suite 800 Houston, TX 77037						
	, FRANCISCO	₹ Deleta	TITLE NAME	☐ Change ☐ Addition						
I I	3 NORTHWEST 67TH AVE II LAKES, FL 330142939	NUE	STREET ACCINESS CITY-ST-DP							
TITLE		☐ Dziete	TITLÉ	☐ Change ☐ Addition						
NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP							
firLC		☐ Delete	TITLE	☐ Change ☐ Addition						
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-DP							
THE		☐ Delete	THLE	☐ Change ☐ Addition						
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZP							
I of the corporation	n or the receiver or trustee emp in attachment with an address	with all other like empowere	I as reducted by Charp	and in Section 119.07(3Ki), Florida Statutes. I further certify that the information we the same legisl effect as if made under path; that I am an officer or director piter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 if 4/28/05 (281) 272-8800 X23.						

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000006 1. Entity Name OLIVES & FOODS, INC.	(A)		ATTACHMENT							
Principal Place of Business	Mailing Address									
1175 NE 125 , SUITE 404 MIAMI, FL 33161	1175 NE 125 , SUITE 404 Suite 430 Miami, FL 33161			14010230						
2. Principal Place of Business	3. Mailing Address									
10700 North Freeway	P.O. Box 2587									
Suite, Apt. #, etc. Suite 800	Suite, Apt. #, etc.			04262005	Chg-P	CR2E03	34 (10/03)			
City & State	City & State			4. FEI Number				Applied For		
Houston, Texas Zip Country	Houston, Texas			65-0552866				Not Applicable		
77037 Harris	77252	Country Har	ris	5. Certificate of	f Status Desired		\$8.75 Add Fee Require			
6. Name and Address of Current F	legistered Agent	<u> </u>		7. Name and	Address of New R	egistered A	gent			
CAZMURI FERMANDO			Name	ert Osle						
GAZMURI, FERNANDO 1175 NE 125 STREET, SUITE 404					(P.O. Box Number is Not Acceptable)					
N. MIAMI, FL 33161		-	531	Santurce	Avenue					
,										
. \			City Core	1 Gables		FL	Zip Code			
8. The above named entity submits this statement for	the purpose of changing its	registered			, in the State of Flo	orida. I am f				
the obligations of registered agent. SIGNATURE	F. De				j.	1.28- DATE	05			
Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	E: Registered A	gent aighature required	when reinstating)		DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.0	9. Election Campai Trust Fund Contr			.00 May Be ed to Fees						
10. OFFICERS AND D		11.		ADDITIONS/0	CHANGES TO OFF	ICERS AND				
NAME POTO, ENCARNACION	☐ Delete	TITLE NAME	1	lrector			☐ Change	M Addition		
STREET ADDRESS 13903 NORTHWEST 67TH AVEN CITY-ST-ZIP MIAMI LAKES, FL 330142939	IUE		ADDRESS 10	onson Sc 1700 Nort	h Freeway	,,Suit	e 800			
TITLE D	₹ Delete	TITLE		rector]		Change	X Addition		
NAME SANCHEZ, FRANCISCO STREET ADDRESS CITY-ST-ZIP MIAMI LAKES, FL 330142939	UE	name Street : City-St	ADDRESS 10		h Freeway	, Suit	e 800			
TITLE D	∑ Delete	TITLE	т но	ouston, T	X .//U3/		☐ Change	☐ Addition		
NAME ORTA, FRANCISCO	X-1 Delete	NAME					□ Oumide	L Adolber		
STREET ADDRESS 13903 NORTHWEST 67TH AVEN	UE		ADDRESS							
CITY-ST-ZIP MIAMI LAKES, FL 330142939		CITY-ST	T-ZIP							
TITLE	Defete	. TITLE NAME					Change	Addition		
STREET ADDRESS			ADDRESS							
CITY-SI-ZIP		CITY-ST	1 - ZIP							
TITLE	☐ Delete	TITLE					Change	☐ Addition		
NAME		NAME	ADODESC							
STREET ADDRESS CITY-ST-ZIP		STREET .	ADDRESS T-ZIP							
TITLE	☐ Delete	TITLE					Change	☐ Addition		
NAME	- Dulit	NAME								
STREET ADDRESS			ADDRESS							
CITY-ST-ZIP		CITY-SI								
 I hereby certify that the information supplied with indicated on this report or supplemental report is of the corporation or the receiver or trustee empo- changed, or on an attachment with an address, w 	true and accurate and that n wered to execute this report	ny signatur as require	re shall have the	same legal effeci	as if made under	oath; that I a	ım an officer	or director		
SIGNATURE:	RINTED NAME OF SIGNING OFFICER	оя ріявстої	я		Date	D	aytime Phone #			