



FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90268 021 ***158.75

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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	
2. Principal Place of Business 10700 North Freeway Suite, Apt. #, etc. Suite 800		3. Mailing Address P.O. Box 2587 Suite, Apt. #, etc.	
City & State Houston, Texas		City & State Houston, Texas	
Zip 77037		Country Harris	
Zip 77252		Country Harris	
4. FEI Number 65-0552866		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GAZMURI, FERNANDO 1175 NE 125 STREET, SUITE 404 N. MIAMI, FL 33161		7. Name and Address of New Registered Agent Name Herbert Gale Street Address (P.O. Box Number is Not Acceptable) 531 Santurce Avenue City Coral Gables FL Zip Code 33143	
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 _____ (NOTE: Registered Agent signature required when registering) _____ DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Officer POTO, ENCARNACION 13903 NORTHWEST 67TH AVENUE MIAMI LAKES, FL 330142939 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Bronson Schultz 10700 North Freeway, Suite 800 Houston, TX 77037 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> D SANCHEZ, FRANCISCO 13903 NORTHWEST 67TH AVENUE MIAMI LAKES, FL 330142939 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Carlos Salomon 10700 North Freeway, Suite 800 Houston, TX 77037 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> D ORTA, FRANCISCO 13903 NORTHWEST 67TH AVENUE MIAMI LAKES, FL 330142939 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		4/28/05 (281)272-8800 x237	
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR		Date Daytime Phone #	

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04282005 Chg-P CR2E034 (10/03)

