



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 06, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000006628</b>	
1. Entity Name OLIVES & FOODS, INC.	

Principal Place of Business 10700 N FREEWAY, STE 800 HOUSTON, TX 77037	Mailing Address PO BOX 2587 HOUSTON, TX 77252
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DO NOT WRITE IN THIS SPACE

	
09052006 No Chg-P	CR2E034 (11/05)
4. FEI Number 65-0552866	Applied For 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  OSLE, HERBERT 531 SANTURCE AVE CORAL GABLES, FL 33143
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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 reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO POTO, ENCARNACION 13903 NORTHWEST 67TH AVENUE MIAMI LAKES, FL 330142939
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHULTZ, BRONSON 10700 N FREEWAY, STE 800 HOUSTON, TX 77037
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALOMON, CARLOS 10700 N FREEWAY, STE 800 HOUSTON, TX 77037
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U000000576256  
09/06/06-80003-020 550.00

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.

<b>SIGNATURE:</b> 	Carlos Salomon	9/05/06	281-272-9701
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #