2004 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P95000091285

1. Entity Name

OLIVE BRANCH IMPORTS, INC.



Principal Place of Business Mailing Address

2313 N LAKESIDE DR LAKE WORTH, FL 33460 2313 N LAKESIDE DR LAKE WORTH, FL 33460

FILED May 05, 2004 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

No Chg-P Applied For 4. FEI Number 65-0634737 Not Applicable \$8.75 Additional

5. Certificate of Status Desired

04102004

Fee Required

CR2E034 (10/03)

DESMARAIS, EVANGELINE R 2313 N LAKESIDE DR LAKE WORTH, FL 33460

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 Financ Trust Fund Contribution.			cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			<u> </u>
TITLE NAME STREET ADDRESS CITY+ST-ZIP	P DESMARAIS, EVANGELINE R 2313 N LAKESIDE DR LAKE WORTH, FL				######################################
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
Title Name Street address City -St - Zip				IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			i i		
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. EVANGELINE R. DESMARATS					

ED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EVANGELINE R. DESMARAIS

4/10/04

561-547-8568

Davime Phone #