

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90118 040 \*\*\*150.00

**DOCUMENT # P96000069385**

1. Entity Name

OLLIVIER INVESTMENT CORPORATION



Principal Place of Business

14732 SW 43 LANE  
MIAMI FL 33185

Mailing Address

14732 SW 43 LANE  
MIAMI FL 33185

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

15596 SW 63 Terr.

Suite, Apt. #, etc.

City & State

Zip

Country

City & State

Miami, FL

Zip

33193

Country

4. FEI Number

65-0782355

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

KASS, MARK E ESQ.  
1497 NW 7 STREET  
MIAMI FL 33125

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE VP ☐ Delete  
NAME OLLIVIER, GUADALUPE  
STREET ADDRESS 14732 SW 43 LANE  
CITY-ST-ZIP MIAMI FL 33185

TITLE P ☐ Delete  
NAME DE LA ESPRIELLA, ALVARO  
STREET ADDRESS 14732 SW 43 LANE  
CITY-ST-ZIP MIAMI FL 33185

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 15596 SW 63 Terr  
CITY-ST-ZIP Miami, FL 33193

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 15596 SW 63 Terr  
CITY-ST-ZIP Miami, FL 33193

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alvaro de la Espriella

Date

Daytime Phone #

4/19/04

(305) 609 6460