

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000025974

FILED
Apr 29, 2009
Secretary of State

Entity Name: OLAMA MANAGEMENT, INC.

Current Principal Place of Business:

8153 LAKE SERENE DRIVE
ORLANDO, FL 32836

New Principal Place of Business:

Current Mailing Address:

PO BOX 574233
ORLANDO, FL 32857

New Mailing Address:

PO BOX 690296
ORLANDO, FL 32869

FEI Number: 59-3445075

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLAMA, HOSSEIN
8153 LAKE SERENE DRIVE
ORLANDO, FL 32836 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: OLAMA, HOSSEIN
Address: 8153 LAKE SERENE DRIVE
City-St-Zip: ORLANDO, FL 32836

Title: D (X) Delete
Name: OLAMA, JESSICA Z
Address: 8153 LAKE SERENE DRIVE
City-St-Zip: ORLANDO, FL 32836

Title: D (X) Delete
Name: OLAMAEI, ABDOLHOSSIN
Address: 5754 DONNELLY CIRCLE
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HOSSEIN OLAMA

PD

04/29/2009

Electronic Signature of Signing Officer or Director

Date