


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000099505	
1. Entity Name OLYMPICA HOUSE, INC.	

Principal Place of Business 12515 N KENDALL DR #314 MIAMI, FL 33186	Mailing Address 12515 N KENDALL DR #314 MIAMI, FL 33186
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DO NOT WRITE IN THIS SPACE



04192006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0796166	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HALLER, KENNETH M 12515 N KENDALL DR #314 MIAMI, FL 33186
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**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when resigning)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZACHARAKIS, O 555 NE 15TH ST MIAMI, FL 33132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT HALLER, KENNETH M. 12515 N. KENDALL DRIVE # 314 MIAMI, FL 33186
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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 807, 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: <u>Zacharakis</u> OLYMPIA ZACHARAKIS/25/06	Date	(305) 371-3190
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		