

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000022063

FILED
Mar 20, 2005
Secretary of State

Entity Name: OLIVARES PROPERTIES INC.

Current Principal Place of Business:

8645 GRANDEE DRIVE
ORLANDO, FL 32829

New Principal Place of Business:

4434 HICKORY STONE CIRCLE
ORLANDO, FL 32829

Current Mailing Address:

8645 GRANDEE DRIVE
ORLANDO, FL 32829

New Mailing Address:

4434 HICKORY STONE CIRCLE
ORLANDO, FL 32829

FEI Number: 52-2108974

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLIVARES, EMMANUEL J
8645 GRANDEE DRIVE
ORLANDO, FL 32829 US

Name and Address of New Registered Agent:

OLIVARES, EMMANUEL J
4434 HICKORY STONE CIRCLE
ORLANDO, FL 32829 US

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: EMMANUEL OLIVARES

03/20/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCOB () Delete
Name: OLIVARES, EMMANUEL J
Address: 8645 GRAN DEL DR
City-St-Zip: ORLANDO, FL 32829

Title: VT () Delete
Name: OLIVARES, MERCEDES D
Address: 8645 GRANDEE DR
City-St-Zip: ORLANDO, FL 32829

Title: S () Delete
Name: OLIVARES, MARIA C
Address: 8645 GRANDEE DR
City-St-Zip: ORLANDO, FL 32829

Title: D () Delete
Name: OLIVARES, BRIAN
Address: 8645 GRANDEE DR
City-St-Zip: ORLANDO, FL 38829

Title: D () Delete
Name: OLIVARES, JEANINE A
Address: 8645 GRANDEE DR
City-St-Zip: ORLANDO, FL 32829

Title: DT () Delete
Name: OLIVARES, GIANCARLO
Address: 8645 GRANDEE DR
City-St-Zip: ORLANDO, FL 32829

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:

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 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 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: EMMANUEL OLIVARES

PCOB

03/20/2005

Electronic Signature of Signing Officer or Director

Date