

FILED

Apr 30, 2005 08:00
Secretary of State**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000089418

Entity Name
OLE HOLDINGS, INC.

Principal Place of Business

10 NURMI DR.
FORT LAUDERDALE, FL 33301 US

Mailing Address

10 NURMI DR.
FORT LAUDERDALE, FL 33301 US

04212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE4. FEI Number
65-0870182Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required**6. Name and Address of Current Registered Agent**COLE, JAMES O
10 NURMI DR.
FT. LAUDERDALE, FL 33301**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, 2005 Fee will be \$550.00**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****10. OFFICERS AND DIRECTORS**

TITLE	DPST
NAME	COLE, ADA C
STREET ADDRESS	10 NURMI DR.
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301
TITLE	DCEO
NAME	COLE, JAMES O
STREET ADDRESS	10 NURMI DR.
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000347474
04/30/05-80115-024 150.00**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #

James O. Cole, DCEO 4/25/05 954.523.6229