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May 02, 2003 8:00 am
Secretary of State
05-02-2003 90739 014 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000008181

1. Entity Name
O.L.P. GROUP, INCORPORATED

90122952

Principal Place of Business	Mailing Address
8966 SW 87TH COURT STE # 21 MIAMI, FL 33176	PO BOX 522871 MIAMI, FL 33152

2. Principal Place of Business	3. Mailing Address
	8025 NW 36 ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc. 303
City & State	City & State Miami, FL
Zip / Country	Zip 33166 / Country Dade

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0896817 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LAPLANTE, OLIVIA 2182 W. 60TH ST., #19202 HIALEAH, FL 33016	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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LAPLANTE, OLIVIA 2182 W. 60TH ST., #19202 HIALEAH, FL 33016 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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: Olivia Laplante 04-29-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #