## 2007 FOR PROFIT CORPORATION

SIGNATURE:

## **FILED** ANNUAL REPORT May 21, 2007 08:00 A Secretary of State DOCUMENT # P99000060331 1. Entity Name OTTO OLIVA, INC. Principal Place of Business Mailing Address 9945 SW 73 ST 9945 SW 73 ST MIAMI, FL 33173 MIAMI, FL 33173 05152007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0934709 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent OLIVA, OTTO DO NOT WRITE 9945 SW 73 ST MIAMI, FL 33173 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) 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be Due by September 14, 2007 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME OLIVA, OTTO STREET ADDRESS 9945 SW 73 ST MIAMI, FL 33173 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 performance 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 trusted 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 tike empowered.

TED NAME OF SIGNING OFFICER OR DIRECTOR