

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90425 025 ***150.00

DOCUMENT # P99000077526

1. Entity Name
OLAX INTERNATIONAL, INC.



Principal Place of Business
3551 ROSSLARE LANE
LAKELAND, FL 33803

Mailing Address
3551 ROSSLARE LANE
LAKELAND, FL 33803

34004100

2. Principal Place of Business
2058 E. Edgewood Dr

3. Mailing Address
2058 E. Edgewood Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite C

Suite C

City & State

City & State

Lakeland, FL

Lakeland, FL

Zip

Country

Zip

Country

33803

USA

33803

USA

02022004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-3613106

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AJA, OCTAVIANO L
3551 ROSSLARE LANE
LAKELAND, FL 33803

7. Name and Address of New Registered Agent

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

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME AJA, OCTAVIANO L
STREET ADDRESS 3551 ROSSLARE LANE
CITY-ST-ZIP LAKELAND, FL 33803

TITLE D ☐ Delete
NAME GROVER, ELINA M
STREET ADDRESS 3551 ROSSLARE LANE
CITY-ST-ZIP LAKELAND, FL 33803

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME AJA, ELINA
STREET ADDRESS Same address
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Octaviano L. Aja
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/04
Date

(863)665-7997
Daytime Phone #