2005 FOR PROFIT CORPORATION ANNUAL REPORT



20030204

Apr 18, 2005 8:00 am Secretary of State
04-18-2005 90336 047 ***150.00

FILED

DOCUMENT # P99000084455 OLGA'S BANQUET HALL, CORP. Principal Place of Business

Mailing Address

MIAMI, FL 3:	24TH ST. 3165	10776 S.W. 24TH ST. Miami, FL 33165			<i>:</i>	
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2. Principal P	Place of Business	3. Mailing Address				ŀ
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Suite, Apt.	# etc.	Suite, Apt. #, etc.	- <u>-</u>	04122005 Chg-P	CR2E034 (10/03)	
City & State	e/	City & State		4. FEI Number	Applied Fo	or
#	MIFI			65-0951870	Not Applic	able
3376	55 DADE	Zip	Country — —	5. Certificate of Status Desire	sd S8.75 Additional Fee Required	
	6. Name and Address of Current R	egistered Agent	Nt	7. Name and Address of Ne	w Registered Agent	
SANCHEZ	OLGA		Name (716A SA ,	so hez	
SANCHEZ, OLGA 15765 S.W. 76TH TERR.			Street Address (P.O. Box Number is Not Acceptable)			
MIAMI, FL						
3	a vi		740 City > 4	15.0 /2		
			- Ciry W	(ani	FL Zip Code	ב ב
	named entity submits this statement for toons of registered agent.	the purpose of changing its re	gistered office or rec	gistered agent, or both, in the State of	f Florida. I am familiar with, and acc	cept
SIGNATURE_						
SIGNATURE	Signature, zyped or printed name of registered agent an	d title if applicable. (NOTE: F	Registered Agent signature re	quired when reinstating)	DATE	
	i i i i i i i i i i i i i i i i i i i		_			
	E NOW!!! FEE IS \$150.00	9. Election Campaign Trust Fund Contrib	· -	\$5.00 May Be Added to Fees	•	
After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution.			duor.	Added to 1 463		
10.	OFFICERS AND D	IRECTORS	11.	ADDITIONS/CHANGES TO	OFFICERS AND DIRECTORS IN 11	
TITLE						
	PD	☐ Delete	TITLE		☐ Change ☐ Ado	dition
NAME	SANCHEZ, OLGA	☐ Defete	NAME		☐ Change ☐ Add	dition
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		uur .	☐ Change ☐ Add	dition
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STREET ADDRESS CITY-ST-ZIP	SANCHEZ, OLGA 15765 SW 76TH TERR. -MIAMI: FE 33193		NAME STREET ADDRESS CITY-ST-ZIP			<u> </u>
STREET ADDRESS CITY-ST-ZIP	SANCHEZ, OLGA 15765 SW 76TH TERR. -MIAMI; FL*33193 VD		NAME STREET ADDRESS CITY-ST-ZIP 7			<u> </u>
STREET ADDRESS CITY-ST-ZIP TITLE NAME	SANCHEZ, OLGA 15765 SW 76TH TERRMIAMI; FL: 33193 VD SANCHEZ, ROBERTO		NAME STREET ADDRESS CITY*ST*ZIP 7. TITLE NAME	<u>.</u>		<u> </u>
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Increpy certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). Florida Statutes. I further certify that the 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:

G OFFICER OR DIRECTOR