

# **2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# V35308

Entity Name: EL OLIVO, INC.

**FILED**  
**Nov 15, 2005**  
**Secretary of State**

**Current Principal Place of Business:**

223 W. CENTRAL AVENUE  
WINTER HAVEN, FL 33880 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 43  
WINTER HAVEN, FL 33882

**New Mailing Address:**

FEI Number: 59-3123517

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

VILLARREAL, PAULA D  
1106 SUNSHINE WAY S.W.  
WINTER HAVEN, FL 33880 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: V ( ) Delete  
Name: VILLARREAL, PAULA D  
Address: 1106 SUNSHINE WAY S.W.  
City-St-Zip: WINTER HAVEN, FL 33880

Title: P ( ) Delete  
Name: VILLARREAL, AMERICO  
Address: 1106 SUNSHINE WAY S.W.  
City-St-Zip: WINTER HAVEN, FL 33880

Title: ST (X) Delete  
Name: IBARRA, SAUL  
Address: 1106 SUNSHINE WAY S.W.  
City-St-Zip: WINTER HAVEN, FL 33880

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: VILLARREAL, PAULA D  
Address: 1106 SUNSHINE WAY S.W.  
City-St-Zip: WINTER HAVEN, FL 33880

Title: VP (X) Change ( ) Addition  
Name: VILLARREAL, AMERICO  
Address: 1106 SUNSHINE WAY S.W.  
City-St-Zip: WINTER HAVEN, FL 33880

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAULA D VILLARREAL

PRES

11/15/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date