

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90083 014 ***158.75

40047187



04052006 No Chg-P CR2E034 (11/05)

DOCUMENT # V35308
 1. Entity Name
 EL OLIVO, INC.



Principal Place of Business
 223 W. CENTRAL AVENUE
 WINTER HAVEN, FL 33880 US

Mailing Address
 P.O. BOX 43
 WINTER HAVEN, FL 33882

DO NOT WRITE IN THIS SPACE

4. FEI Number
 59-3123517 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 VILLARREAL, PAULA D
 1106 SUNSHINE WAY S.W.
 WINTER HAVEN, FL 33880

DO NOT WRITE 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SECRETARY VILLARREAL, PAULA D 1106 SUNSHINE WAY S.W. WINTER HAVEN, FL 33880 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VICE PRESIDENT VILLARREAL, AMERICO 1106 SUNSHINE WAY S.W. WINTER HAVEN, FL 33880 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRESIDENT SAUL IBARRA P O BOX 43 WINTER HAVEN, FL 33882 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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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 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: Paula Villarreal Date: 4-5-06 Daytime Phone: 863-298-2011