

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000004432

**Entity Name:** OLAS INVESTMENT CORP.**Current Principal Place of Business:**18520 NW 67TH AVE  
UNIT 343  
HIALEAH, FL 33015**Current Mailing Address:**P O BOX 170271  
HIALEAH, FL 33017 US**FEI Number:** 30-0659922**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ADIGUN, OLAYINKA  
18520 NW 67TH AVE  
UNIT 343  
HIALEAH, FL 33015 US*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:** OLAYINKA ADIGUN**04/19/2022**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                               |
|-----------------|-------------------------------|
| Title           | P                             |
| Name            | ADIGUN, OLAYINKA              |
| Address         | 18520 NW 67TH AVE<br>UNIT 343 |
| City-State-Zip: | HIALEAH FL 33015              |

  

|                 |                               |
|-----------------|-------------------------------|
| Title           | DIRECTOR                      |
| Name            | ADIGUN, OLADIMEJI             |
| Address         | 18520 NW 67TH AVE<br>UNIT 343 |
| City-State-Zip: | HIALEAH FL 33015              |

|                 |                               |
|-----------------|-------------------------------|
| Title           | OFFICER                       |
| Name            | ADIGUN, AYODIMEJI             |
| Address         | 18520 NW 67TH AVE<br>UNIT 343 |
| City-State-Zip: | HIALEAH FL 33015              |

  

|                 |                               |
|-----------------|-------------------------------|
| Title           | MANAGING MEMBER               |
| Name            | AUGUSTIN, LATOYA              |
| Address         | 18520 NW 67TH AVE<br>UNIT 343 |
| City-State-Zip: | HIALEAH FL 33015              |

*I hereby 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 all other like empowered.*

**SIGNATURE:** OLAYINKA ADIGUN**P****04/19/2022**

Electronic Signature of Signing Officer/Director Detail

Date