

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

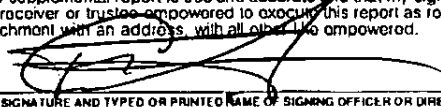
FILED
Apr 27, 2007 8:00 am
Secretary of State

03-09-2007 90004 044 *****8.78
04-27-2007 90196 020 ***141.22

3/

40085907

1st MOORE CR2E034 (10/06)

DOCUMENT # P06000021023 1. Entity Name OLIVER TRANSPORT CORP.																																																		
Principal Place of Business 14276 SW 164TH TERR MIAMI US 33177 US			Mailing Address 14276 SW 164TH TERR MIAMI US 33177 US																																															
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		4. FEI Number 20-4310948 Applied For ☐ Not Applicable																																														
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent LAXMY'S CARRIER SERVICES 8181 NW 36 ST STE 14C MIAMI FL 33166																																														
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 _____ DATE _____ Signature, typed or printed name of registered agent and filer is acceptable. (NOTE: Registered Agent signature required when reinstating)																																																		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																																															
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">NAME</td> <td style="width:10%;">STREET ADDRESS</td> <td style="width:10%;">CITY - ST - ZIP</td> <td style="width:10%; text-align: right;">Delete ☐</td> </tr> <tr> <td></td> <td>CEBALLO, FIDEL</td> <td>14276 SW 164TH TERR</td> <td>MIAMI FL 33177</td> <td></td> </tr> </table>			TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Delete ☐		CEBALLO, FIDEL	14276 SW 164TH TERR	MIAMI FL 33177		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">NAME</td> <td style="width:10%;">STREET ADDRESS</td> <td style="width:10%;">CITY - ST - ZIP</td> <td style="width:10%; text-align: right;">Change ☐ Addition ☐</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>			TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change ☐ Addition ☐																														
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Delete ☐																																														
	CEBALLO, FIDEL	14276 SW 164TH TERR	MIAMI FL 33177																																															
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change ☐ Addition ☐																																														
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 officers empowered.																																																		
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			04/17/07 (305) 525-9171 Date Office Phone																																															