

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S18276

FILED
Apr 18, 2007
Secretary of State

Entity Name: BOB OLIVA MOTORS INCORPORATED

Current Principal Place of Business:

1700 S. DIXIE HWY.
POMPANO BEACH, FL 33060 US

New Principal Place of Business:

Current Mailing Address:

4154 N.W. 6TH ST.
DEERFIELD BEACH, FL 33442

New Mailing Address:

FEI Number: 65-0237770 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLIVA, ROBERT
4154 NW 6TH ST.
DEERFIELD BEACH, FL 33442 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: OLIVA, ROBERT,
Address: 4154 N.W. 6TH ST
City-St-Zip: DEERFIELD BEACH, FL

Title: DV () Delete
Name: OLIVA, MICHELLE,
Address: 4154 N.W. 6TH ST
City-St-Zip: DEERFIELD BEACH, FL

Title: DS (X) Delete
Name: NAIMOLI, GEORGE,
Address: 3947 N.W. 6TH ST
City-St-Zip: DEERFIELD BEACH, FL

Title: DT (X) Delete
Name: NAIMOLI, VICTORIA,
Address: 3947 N.W. 6TH ST
City-St-Zip: DEERFIELD BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DS (X) Change () Addition
Name: OLIVA, MICHELLE,
Address: 4154 N.W. 6TH ST
City-St-Zip: DEERFIELD BEACH, FL

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

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 Chapter 119, 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: ROBERT OLIVA

DP

04/18/2007

Electronic Signature of Signing Officer or Director

_____ Date