

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000046245

**Entity Name:** LIDIA OLIVA, P.A.

**Current Principal Place of Business:**

2666 BRICKELL AVE.  
MIAMI, FL 33129

**Current Mailing Address:**

PO BOX 330803  
MIAMI, FL 33233 US

**FEI Number:** 20-2579839

**Certificate of Status Desired:** No

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

OLIVA, LIDIA PA  
2666 BRICKELL AVENUE  
MIAMI, FL 33129 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title PA  
Name OLIVA, LIDIA  
Address 2666 BRICKELL AVENUE  
City-State-Zip: MIAMI FL 33129

*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:** LIDIA OLIVA

**REGISTERED AGENT**

**04/27/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date