

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 13, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # 145666**

**1. Entity Name  
OLIVA TOBACCO COMPANY**



**Principal Place of Business**

**3104 N ARMENIA AVE  
TAMPA, FL 33607**

**Mailing Address**

**P.O. BOX 2206  
TAMPA, FL 33601**



01092006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number  
59-0383380**

**Applied For  
Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**OLIVA, JOHN E SR  
3104 N ARMENIA AVE  
TAMPA, FL 33607**

**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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

**DATE**

**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 PD  
NAME OLIVA, JOHN E SR  
STREET ADDRESS 3104 N ARMENIA AVE  
CITY-ST-ZIP TAMPA, FL 33607**

**TITLE VPD  
NAME OLIVA, ANGEL JR.  
STREET ADDRESS 3104 N ARMENIA AVE  
CITY-ST-ZIP TAMPA, FL 33607**

**TITLE SDTD  
NAME OLIVA, JOHN E JR  
STREET ADDRESS 3921 W. SAN LUIS ST.  
CITY-ST-ZIP TAMPA, FL 33629**

**TITLE D  
NAME OLIVA, ANGEL III  
STREET ADDRESS 2907 W. ESTRELLA ST.  
CITY-ST-ZIP TAMPA, FL 33629**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**DO NOT WRITE  
IN THIS SPACE**

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01/18/06-80012-019 150.00

**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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/10/06 813-248-4921