

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2008 8:00 am
Secretary of State

01-10-2008 90010 011 ***150.00

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**

DO NOT WRITE IN THIS SPACE



01032008 No Chg-P CR2E034 (11/05)

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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	SECRET Treasurer
NAME	OLIVA, JOHN E JR
STREET ADDRESS	3921 W. SAN LUIS ST.
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	<input checked="" type="checkbox"/> Secretary
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**

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 signatures.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/03/08