

**FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90346 040 ***150.00

DOCUMENT # **G76845**

1. Entity Name

Pivellas Liquidators Inc



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

109 Oldsmar Bus 10055 Port # 52
Suite, Apt. #, etc.
#52

3. Mailing Address

624 Timken Bay Circle East
Suite, Apt. #, etc.

City & State

Oldsmar Fla

City & State

Oldsmar Fla

Zip

34677

Country

pivellas

Zip

34677

Country

pivellas

4. FEI Number

59-2355848

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Lawrence Ashiv

Street Address (P.O. Box Number is Not Acceptable)

624 Timken Bay Circle East

Oldsmar

FL

Zip Code

34677

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

Lawrence Ashiv

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/10/06

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Pres
Lawrence Ashiv
624 Timken Bay Circle East
Oldsmar Fla 34677**

TITLE
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Lawrence Ashiv

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/06

Date

Daytime Phone #

813-679-3949