

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Apr 26, 2004 8:00 am
Secretary of State**

04-26-2004 91013 029 ***150.00

DOCUMENT # P01000079822

1. Entity Name
ROBERT R. OLIVA, P.A.



Principal Place of Business
5100 DUPONT BLVD
APT 11G
FORT LAUDERDALE, FL 33308

Mailing Address
717 EAST OAK ST.
KISSIMMEE, FL 34744

54042322



DO NOT WRITE IN THIS SPACE

04102004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1127710	Applied For Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DPST
NAME	OLIVA, ROBERT R
STREET ADDRESS	5100 DUPONT BLVD APT 11G
CITY-ST-ZIP	FT. LAUDERDALE, FL 33308

TITLE	
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CITY-ST-ZIP	

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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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert R. Oliva, P.A. 4/23/04 954-234-0305

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #