

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90220 005 ***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		
2. Principal Place of Business 2691 E. Oakland Park Blvd.		3. Mailing Address Suite, Apt. #, etc. Suite 201			
City & State Ft. Lauderdale, FL		City & State Ft. Lauderdale, FL			
Zip 33306	Country US	Zip 33306	Country US	4. FEI Number 65-1127710	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent OLIVA, ROBERT R 5100 DUPONT BLVD APT 11G FORT LAUDERDALE, FL 33308				7. Name and Address of New Registered Agent Name OLIVA, ROBERT R Street Address (P.O. Box Number is Not Acceptable) 2691 E. Oakland Park Blvd. Suite 201 City Ft. Lauderdale FL Zip Code 33306	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restateing) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST OLIVA, ROBERT R 5100 DUPONT BLVD APT 11G FT. LAUDERDALE, FL 33308		TITLE NAME STREET ADDRESS CITY - ST - ZIP	333 Las Olas Way Suite 1001 Ft. Lauderdale, FL 33301	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>Robert R. Oliva</u> 4/19/06 954-234-0305 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					