

**2006. FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 28, 2006 08:00 AM
Secretary of State**

DOCUMENT # P02000074372

1. Entity Name
B. OLIVER ENTERPRISES, INC.



Principal Place of Business

**9155 NW 30TH AVE
MIAMI, FL 33147**

Mailing Address

**9155 NW 30TH AVE
MIAMI, FL 33147**



04242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0492293

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**OLIVER, BARBARA
9155 NW 30TH AVE
MIAMI, FL 33147**

**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, 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	DP
NAME	OLIVER, BARBARA
STREET ADDRESS	9155 NW 30TH AVE
CITY - ST - ZIP	MIAMI, FL 33147
TITLE	DS
NAME	OLIVER, RODERICK
STREET ADDRESS	9155 NW 30TH AVE
CITY - ST - ZIP	MIAMI, FL 33147
TITLE	DT
NAME	OLIVER, MARILYN
STREET ADDRESS	9155 NW 30TH AVE
CITY - ST - ZIP	MIAMI, FL 33147
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U000000542471
05/10/06-80100-013 150.00

**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 empowered.

SIGNATURE: Barbara Oliver

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/06

Date

Daytime Phone # _____