

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000110253

1. Entity Name
OLIVARES ELECTRIC CORPORATION



Principal Place of Business
6509 W. CLIFTON STREET
TAMPA, FL 33634 US

Mailing Address
6509 W. CLIFTON STREET
TAMPA, FL 33634 US



01302008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3271209
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

OLIVA, RANDY
6509 W CLIFTON STREET
TAMPA, FL 33634

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

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	P
NAME	OLIVA, RANDY
STREET ADDRESS	6509 W CLIFTON ST
CITY-ST-ZIP	TAMPA, FL 33634
TITLE	VP
NAME	OLIVA, ARMANDO
STREET ADDRESS	6509 W CLIFTON ST
CITY-ST-ZIP	TAMPA, FL 33634
TITLE	S
NAME	BOTELLO, BASTY
STREET ADDRESS	6509 W CLIFTON STREET
CITY-ST-ZIP	TAMPA, FL 33634
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 empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-08

813-870-1440

Date

Daytime Phone #