

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000045049

**FILED**  
**Apr 30, 2010**  
**Secretary of State**

**Entity Name:** OLIVERI & PEREZ GENERAL SUPPLY, CORP

**Current Principal Place of Business:**

13011 NW 1 STREET  
APT# 303  
PEMBROKE PINES, FL 33028

**New Principal Place of Business:**

13011 NW 1 STREET  
APT# 209  
PEMBROKE PINES, FL 33028

**Current Mailing Address:**

13011 NW 1 STREET  
APT# 303  
PEMBROKE PINES, FL 33028

**New Mailing Address:**

13011 NW 1 STREET  
APT# 209  
PEMBROKE PINES, FL 33028

**FEI Number:** 26-2539801

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RELIABLE ACCOUNTING & TAX SERVICES, INC.  
39 NW 161 AVENUE  
PEMBROKE PINES, FL 33028 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P  
Name: OLIVERI, NIXON D  
Address: 13011 NW 1ST STREET # 209  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: VP  
Name: PEREZ, KAREN D  
Address: 13011 NW 1ST STREET # 209  
City-St-Zip: PEMBROKE PINES, FL 33028

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: NIXON OLIVERI

P

04/30/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date