

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000005327

Entity Name: OLIVIA ENTERPRISES, INC.

FILED  
Feb 05, 2009  
Secretary of State

## Current Principal Place of Business:

2634 RAVENDALE LANE  
HOLIDAY, FL 34691

## New Principal Place of Business:

13729 ROYSTON BEND  
HUDSON, FL 34669

## Current Mailing Address:

2634 RAVENDALE LANE  
HOLIDAY, FL 34691

## New Mailing Address:

3432 US 19  
PMB #R  
HOLIDAY, FL 34691

FEI Number: 59-3357239

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

REVERON, LIBIA  
2634 RAVENDALE LANE  
HOLIDAY, FL 34691 US

## Name and Address of New Registered Agent:

REVERON, ERRICK P  
13729 ROYSTON BEND  
HUDSON, FL 34669 US

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: ERRICK REVERON

02/05/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete  
Name: REVERON, LIBIA  
Address: 2634 RAVENDALE LANE  
City-St-Zip: HOLIDAY, FL 34691

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition  
Name: REVERON, ERRICK P  
Address: 13729 ROYSTON BEND  
City-St-Zip: HUDSON, FL 34669

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ERRICK REVERON

PTSD

02/05/2009

Electronic Signature of Signing Officer or Director

Date