

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90035 031 ****61.25

DOCUMENT # 710349	
1. Entity Name THE RIVIERA CONDOMINIUM APARTMENTS, INC.	

Principal Place of Business 1150 N.E. 191ST STREET BUILDING C NORTH MIAMI BEACH FL 33179-1033	Mailing Address 1150 N.E. 191ST STREET BUILDING C NORTH MIAMI BEACH FL 33179-1033
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/04)

City & State	City & State	4. FEI Number 59-1146046	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
ROKER, SANDRA 1150 NE 191 ST 2ND FLOOR CAPRI ROOM NO. MIAMI BEACH FL 33179	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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: *Sandra Roker* (NOTE: Registered Agent signature required when reinstating) DATE: *3/17/05*

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE: VD NAME: YEFET, NELLY STREET ADDRESS: 1170 NE 191ST. #A-43 CITY-ST-ZIP: N MIAMI BEACH FL 33179	<input type="checkbox"/> Delete
TITLE: TD NAME: STANFORD, BEATRICE STREET ADDRESS: 1160 NE 191 ST., #B-21 CITY-ST-ZIP: N MIAMI BEACH FL 33179	<input checked="" type="checkbox"/> Delete
TITLE: PD NAME: ROKER, SANDRA STREET ADDRESS: 1000 NE 191 ST. #F-32 CITY-ST-ZIP: NORTH MIAMI BEACH FL 33179	<input type="checkbox"/> Delete
TITLE: SD NAME: OPPER, HEIDI STREET ADDRESS: 1150 NE 191 ST., #C-35 CITY-ST-ZIP: N MIAMI BEACH FL 33179	<input type="checkbox"/> Delete
TITLE: SD NAME: OPPER, HEIDI STREET ADDRESS: 1150 NE 191 ST #C-35 CITY-ST-ZIP: N MIAMI BEACH FL 33179	<input type="checkbox"/> Delete
TITLE: DD NAME: GOLDEN, BETTY STREET ADDRESS: 1000 NE 191 ST. #F-11 CITY-ST-ZIP: N MIAMI BEACH FL 33179	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: Bernstein, Rodrigo STREET ADDRESS: 1170 NE 191 St. A-27 CITY-ST-ZIP: N. Miami Bch, Fl. 33179	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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: *Sandra Roker* (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) DATE: *3/17/05* DAYTIME PHONE #: