


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90044 020 ****61.25

DOCUMENT # 751790
 1. Entity Name
 THE RIVIERA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
 2401 COLLINS AVENUE 2401 COLLINS AVENUE
 MIAMI BEACH, FL 33140 MIAMI BEACH, FL 33140

DO NOT WRITE IN THIS SPACE

40019569



01192007 No Chg-NP CR2E037 (4/06)

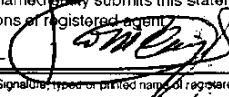
4. FEI Number Applied For
 59-2022072 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 ROSA DE LA CAMARA
 % BECKER & POLIAKOFF, P.A.
 5201 BLUE LAGOON DRIVE, SUITE 100
 MIAMI, FL 33126

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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:  (President) DATE: 02/09/07

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

Filing Fee is \$61.25
Due by May 1, 2007

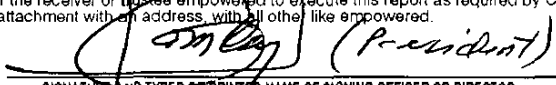
9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	SB PRESIDENT
NAME	CARREJA, TIRSO
STREET ADDRESS	2401 COLLINS AVE
CITY-ST-ZIP	MIAMI, FL 33140
TITLE	VP
NAME	MILERA, TONY ZARRAGOITIA, FRANK
STREET ADDRESS	2401 COLLINS AVE
CITY-ST-ZIP	MIAMI, FL 33140
TITLE	TD
NAME	DEL FORN, EMMA
STREET ADDRESS	2401 COLLINS AVE., APT. 1109
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	SECRETARY
NAME	HERNANDEZ, HECTOR PEREZ, MAGIN
STREET ADDRESS	2401 COLLINS AVE.
CITY-ST-ZIP	MIAMI, FL 33140
TITLE	DVP
NAME	PARODI, CARLOS
STREET ADDRESS	2401 COLLINS AVE
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 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:  (President) DATE: 02/09/07 Daytime Phone #: 305-531-2569

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #