2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 19, 2004 08:00 AM Secretary of State **DOCUMENT # P01000005470** RIVELLO CONSTRUCTION CO. INC. Principal Place of Business Mailing Address 124 CRANE LANE 124 CRANE LANE WEST PALM BEACH, FL 33415 WEST PALM BEACH, FL 33415 CR2E034 (10/03) 04152004 No Cha-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1069307 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RIVELLO, SCOTT P DO NOT WRITE 124 CRANE LN WEST PALM BEACH, FL 33415 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, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinsteing) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 U00000118541 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE RIVELLO, SCOTT P NAME STREET ADDRESS 124 CRANE LANE CITY-ST-ZIP WEST PALM BEACH, FL 33415 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZP TITLE IN THIS SPACE MALK STREET ADDRESS CITY-ST-ZIP TITLE HAME STREET ADDRESS CITY-ST-ZIP शक्त ह

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 triat 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:

NAME STREET ADDRESS CITY-ST-ZIP

SCOTT RIVELL

FILED