2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mar 19, 2004 8:00 am Secretary of State DOCUMENT # P03000075292 1. Entity Name 03-19-2004 90067 033 ***150.00 RIVCONSULTING INC. Principal Place of Business Mailing Address 10301 S.W. 18 ST 10301 S.W. 18 ST DAVIE FL 33324 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) MOORE City & State 4. FEI Number Applied For City & State Not Applicable 35-2210079 Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RIVERA, DIANE P 10301 S.W. 18 ST Street Address (P.O. Box Number is Not Acceptable) **DAVIE FL 33324** 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 (NOTE: Recustered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition TITLE Delete TITLE ☐ Change RIVERA, DIANE P NAME NAME 10301 S.W. 18 ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIF DAVIE FL 33324 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change - Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 receives 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.

OFFICER OR DIRECTOR

SIGNATURE:

FILED