


**FILED**

**Apr 11, 2005 08:00 AM**  
**Secretary of State**

**2005 FOR PROFIT CORPORATION**  
**ANNUAL REPORT**

DOCUMENT # P97000085492		
1. Entity Name ANDRES RIVAS, P.A.		

Principal Place of Business 8025 NW 36 STREET SUITE 322 MIAMI, FL 33166	Mailing Address 8025 NW 36 STREET SUITE 322 MIAMI, FL 33166
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**DO NOT WRITE IN THIS SPACE**



04072005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0789265	Applied For Not Applicable
6. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent  RIVAS, ANDRES 4800 N.W. 96 PLACE MIAMI, FL 33178	
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**DO NOT WRITE 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:  DATE: 4/4/2005

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$350.00**

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

1070000297802  
04/11/05-80040-020 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RIVAS, ANDRES 8025 NW 36 STREET MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TRISTANI, ELIETTE 8025 NW 36 STREET MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.07(3)(f), 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 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:  Andres Rivas DATE: 4/4/2005 305-5972510

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