

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000091651

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

**Entity Name:** M. RIVERA & ASSOCIATES, INC.

**Current Principal Place of Business:**

1391 NW ST LUCIE W BLVD.  
#299  
PORT SAINT LUCIE, FL 34986

**New Principal Place of Business:**

1391 NW ST LUCIE WEST BLVD  
#299  
PORT SAINT LUCIE, FL 34986

**Current Mailing Address:**

1391 NWST LUCIE W BLVD.  
#299  
PORT SAINT LUCIE, FL 34986

**New Mailing Address:**

**FEI Number:** 65-1140035      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RIVERS, JOHN M  
906 SW ST LUCIE BLVD.  
#299  
PORT ST. LUCIE, FL 34986 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: RIVERA, JOHN M  
Address: 1391 NW ST LUCIE WEST BLVD. # 299  
City-St-Zip: PORT ST. LUCIE, FL 34986

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOHN M RIVERA

PRES

04/25/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date