

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000134656

**Entity Name:** RIVA INSURANCE GROUP, INC.

**Current Principal Place of Business:**

18010 SW 89 AVENUE  
PALMETTO BAY, FL 33157

**Current Mailing Address:**

18010 SW 89 AVENUE  
PALMETTO BAY, FL 33157 US

**FEI Number:** 26-1668675

**Certificate of Status Desired:** No

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

RIVA, ANTONIO  
18010 SW 89 AVENUE  
PALMETTO BAY, FL 33157 US

*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

**Officer/Director Detail :**

Title P  
Name RIVA, ANTONIO  
Address 18010 SW 89 AVENUE  
City-State-Zip: PALMETTO BAY FL 33157

Title VP  
Name RIVA, ROBYN  
Address 18010 SW 89 AVENUE  
City-State-Zip: PALMETTO BAY FL 33157

*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:** ANTONIO RIVA

**PRESIDENT**

**04/16/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date