

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

1/30 FILED

Mar 08, 2004 08:00 AM
Secretary of State

DOCUMENT # 175829

1. Entity Name

S & H RIVIERA COMPANY, INC.



Principal Place of Business

WILLIAM O HACKER
5100 RIVIERA DR
CORAL GABLES FL 33146

Mailing Address

WILLIAM O HACKER
5100 RIVIERA DR
CORAL GABLES FL 33146

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number 59-0712186

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HACKER, WILLIAM O
5100 RIVIERA DR
CORAL GABLES FL 33146

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE TVD ☐ Delete
NAME HACKER, ALICE
STREET ADDRESS 11245 SW 57TH CT
CITY- ST- ZIP MIAMI FL 33156

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS 11245 SW 57TH CT
CITY- ST- ZIP MIAMI FL 33156

TITLE PD ☐ Delete
NAME HACKER, WILLIAM O.
STREET ADDRESS 11245 SW 57TH CT
CITY- ST- ZIP MIAMI FL 33156

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS 11245 SW 57TH CT
CITY- ST- ZIP MIAMI FL 33156

TITLE VD ☐ Delete
NAME VOGT, LINDA
STREET ADDRESS 4 HOLLY KNOLL
CITY- ST- ZIP ARMONK NY 10504

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS 4 HOLLY KNOLL
CITY- ST- ZIP ARMONK NY 10504

TITLE VD ☐ Delete
NAME HACKER, WILLIAM O JR
STREET ADDRESS 11245 SW 57 CT
CITY- ST- ZIP MIAMI FL 33156

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS 11245 SW 57 CT
CITY- ST- ZIP MIAMI FL 33156

TITLE VD ☐ Delete
NAME HACKER, CHRISTINE
STREET ADDRESS 11245 SW 57 CT
CITY- ST- ZIP MIAMI FL 33156

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS 11245 SW 57 CT
CITY- ST- ZIP MIAMI FL 33156

TITLE VD ☐ Delete
NAME HACKER, THOMAS J
STREET ADDRESS 11245 SW 57 CT
CITY- ST- ZIP MIAMI FL 33156

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS 11245 SW 57 CT
CITY- ST- ZIP MIAMI FL 33156

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 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:

William O. Hacker - WILLIAM O. HACKER - 2/25/2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone *