

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # 175829

1. Entity Name

S & H RIVIERA COMPANY, INC.



Principal Place of Business

**WILLIAM O HACKER
11245 S.W. 57TH COURT
MIAMI, FL 33156**

Mailing Address

**WILLIAM O HACKER
11245 S.W. 57TH COURT
MIAMI, FL 33156**



01232006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

**HACKER, WILLIAM O
11245 S.W. 57TH COURT
MIAMI, FL 33156**

**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

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, 2006 Fee will be \$550.00**

**9. Election Campaign Financing
Trust Fund Contribution.**

☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	TVD
NAME	HACKER, ALICE
STREET ADDRESS	11245 SW 57TH CT
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	PD
NAME	HACKER, WILLIAM O.
STREET ADDRESS	11245 SW 57TH CT
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	VD
NAME	VOGT, LINDA
STREET ADDRESS	4 HOLLY KNOLL
CITY-ST-ZIP	ARMONK, NY 10504
TITLE	VD
NAME	HACKER, WILLIAM O JR
STREET ADDRESS	11245 SW 57 CT
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	VD
NAME	HACKER, CHRISTINE
STREET ADDRESS	11245 SW 57 CT
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	VD
NAME	HACKER, THOMAS J
STREET ADDRESS	11245 SW 57 CT
CITY-ST-ZIP	MIAMI, FL 33156

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02/15/06-80012-025 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, Inc. 1/25/2006 305-665-0250

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #