

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 419161

1. Entity Name
RIVIAN CORPORATION



Principal Place of Business
2597 S.W. 87TH AVENUE
MIAMI, FL 33165

Mailing Address
2597 S.W. 87TH AVENUE
MIAMI, FL 33165

FILED
Apr 27, 2005 08:00 AM
Secretary of State



04232005 No Chg-P CR2E034 (10/03)

4. FCI Number 59-1542772	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MERCADO, EMMA
2597 S.W. 87TH AVENUE
MIAMI, FL 33165

**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 re-noticing.)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE: VD
NAME: MERCADO, EMMA
STREET ADDRESS: 2597 S.W. 87 AVENUE
CITY-ST-ZIP: MIAMI, FL

TITLE: PD
NAME: MERCADO, VIVIAN
STREET ADDRESS: 2597 SW 87 AVE
CITY-ST-ZIP: MIAMI, FL

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

000000334094
04/27/05-80081-011 150.00

**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 119.07(3)(l), 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: *Emma M. Mendoza P.D.* 04-23-05 (305)553-4341
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Int/Phone #