


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 24, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 599227**  
 1. Entity Name  
 RIVAS REALTY OF FLORIDA, INC.



Principal Place of Business: 8150 SW 8TH ST. #210 MIAMI, FL 33144  
 Mailing Address: 8150 SW 8TH ST. #210 MIAMI, FL 33144

**DO NOT WRITE IN THIS SPACE**



01182005 No Chg-P CR2E034 (10/03)

4. FEI Number: 59-1882748 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 RODRIGUEZ, MARIO J.  
 8150 SW 8TH ST #210  
 MIAMI, FL 33144

**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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

U00000192041  
 01/25/05-80002-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RODRIGUEZ, MARIO J.
STREET ADDRESS	1850 SW 8TH ST #210
CITY-ST-ZIP	MIAMI, FL
TITLE	S
NAME	RIVAS, ARMANDO F.
STREET ADDRESS	9978 SW 19 ST.
CITY-ST-ZIP	MIAMI, FL
TITLE	VT
NAME	RIVAS, ANTHONY
STREET ADDRESS	8150 SW 8TH ST #210
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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)(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: Armando F. Rivas Date: 1/21/05 Daytime Phone #: 305-267-6789  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR