## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT							The state of the s			
DOCU	MENT	# G40256					Tristas pris			
1. Entity Name RIVERO AUTO PARTS, INC.							2 MAY -7			
Principal Place of Business Mailing Address						- A	LUME MANT	UF STATE EE, FLORIDA		
1655 WEST HIALEAH, FL	40TH ST.		1655 WEST 40TH ST. HIALEAH, FL. 33012		: A).	LUARASSE	EFFLURIDA			
2. Principal P	lace of Busin	ness - No P.O. Box#	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04172012	Chg-P	CR2E034 (12/11)		
City & State	е		City & State			4. FEI Number Applied For 59-2293810 Not Applicable				
Zıp		Country	Zip	Country		5. Certificate of Status Desired   \$8.75 Additional Fee Required				
	6. Name	and Address of Currer	nt Registered Agent	······································		7. Name and A	ddress of New Re	egistered Agent		
RIVERO, ISMAEL						Name				
1655 WEST 40TH ST. HIALEAH, FL 33012					Street Address (P.O. Box Number is Not Acceptable)					
			-		City	<u>.</u>		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, typod or offinted name of regretered event and lide of explicable. (NOTE: Registered Agent signature required when refinitating)  DATE										
Signature, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE										
FILE NOW!!! FEE IS \$150.00 After May 1, 2012 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees										
10.		OFFICERS AN	D DIRECTORS	11.	·	ADDITIONS/C	HANGES TO OFFIC	CERS AND DIRECTORS	IN 11	
TITLE	P		Delete	E			Change	Addition		
NAME STREET ADDRESS City+ St- Zip		ST 40TH ST. I, FL 33012		IE EET ADORESS '- ST- ZIP	81 05/10	0023 <b>4</b> 7/120100	912878 5011 **!5	0.00		
TILE	T		☐ Delote	E			☐ Change	Addition		
NAME STREET ADDRESS	RIVERO,	ISMAEL ST 40TH ST.		NAM STRE	EET ADDRESS					
CITY- ST- ZIP		I, FL 33012		- ST- ZIP						
TITLE NAME			Delete	TITLI NAM				☐ Change	Addition	
STREET ADDRESS				1	EET ADORESS					
CITY- ST- ZIP				CITY	/- ST- ZIP					
TITLE 3 SNAME			☐ Delete	TITLI	ſ			☐ Change	Addition	
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CITY- ST- ZIP				CITY	r- ST- ZiP		<u>.</u>			
TITLE NAME			☐ Delete	TITL				Change	Addition	
STREET ADDRESS					EET ADORESS					
CITY- ST- ZIP				ÇITY	r- ST- ZIP	-At-		MAY 0 7 2012		
TITLE			☐ Delete	TITL				☐ Change	Addition	
NAME STREET ADDRESS STREET A							;	S. PRATHER	i	
CITY- ST- ZIP CITY- ST- ZIP										
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 others the empowered										
SIGNATURE:										
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE E-MAIL ADDRESS										