2004 FOR PROFIT CORPORATION

FILED

ANNUAL REPORT					Feb 11, 2004 08:00 A			
	MENT # G73557	Secretary of State						
1. Entity Name RIVERTO	N ASSOCIATES INC.							
Principal Place	e of Business M	ailing Address	<u> </u>					
1514 WHITEH PLANTATION,		514 WHITEHALL DR #303 PLANTATION, FL 33324		E imbriter # Bil in	van 1715: Silor Ellir ikke	P		
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				02082004	No Chg-P	CR2E034 (1	10/03)	
D	O NOT WRITE II	N THIS SPA	CE	4. FEI Number			Applied For	
				59-2373	264		No: Applicable	
			nagrapación (in Pedición († 1809))	5. Certificate o	Status Desired		75 Additional Required	
	5. Name and Address of Current Regis	stered Agent			and a second			
HITHERSA	\Y, B.R.		,	DO I	W TON	RITE		
1514 WHITEHALL DR								
#303 PLANTATION, FL 33324				IN T	HIS SF	PACE		
	•							
	named entity submits this statement for the ions of registered agent.	purpose of changing its registe	red office or registe	red agent, or both	, in the State of Flo	orida. I am famil	iar with, and accept	
SIGNATURE.				en		a see gar		
SIGNATURE.	Signature, typed or printed name of registered agent and title	of applicable. (NOTE: Register	red Agent agnature require	d when reinstating)		DATE	· · · · · · · · ·	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.				\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIRE	CTORS			-02/11/Q4	-80074-0	13 150.00	
TITLE	PD		1					
NAME STREET ADDRESS	HITHERSAY, BARRY 1514 WHITEHALL DR.,#303							
CITY-ST-ZIP	PLANTATION, FL				. ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	;		
TITLE	DS	··-						
NAME Street Address	HITHERSAY, JUNE 1514 WHITEHALL DR #303							
CITY-ST-ZIP	PLANTATION, FL			1.0	Managara da		en e	
TITLE								
NAME			1					
STREET ADDRESS CITY-ST-ZIP				DO	N TON	/RITE		
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NAME			1	KEN I				
STREET ADDRESS CITY-ST-ZIP	1		1					
TITLE			-	**	•			
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STREET ADDRESS			1					
CITY-ST-ZIP				···÷····			,	
NAME								
STREET ADDRESS			1					

12. Thereby certify that the information supplied with this filling 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 of Pusted 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:

CITY-ST-ZIP

HYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AN

8 Feb 2004 954-236-8844