2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G85360

Title:

Name:

Address:

City-St-Zip:

TRES

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RIAMONDE, RAUL TREAS

2605 RANKIN PLACE

VALRICO, FL 33594 US

FILED Apr 25, 2008 Secretary of State

Entity Name: RIAMONDE ENTERPRISES, INC.					
Current Principal Place of Business:			New Principal Place o	f Business:	
2605 RANK VALRICO, I		US			
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
2605 RANK VALRICO, I		US			
FEI Number:	59-2519695	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
RIAMONDE, LISA MILLER 2605 RANKIN PLACE VALRICO, FL 33594 US			RIAMONDE, RAUL 2605 RANKIN PLACE VALRICO, FL 33596	US	
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.					
SIGNATURE: RAUL RIAMONDE				04/25/2008	
Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PRES (RIAMONDE, F 2605 RANKIN VALRICO, FL	PLACE	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	VP (X RIAMONDE, L 2605 RANKIN VALRICO, FL	PLACE	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	SECR (X RIAMONDE, L 2605 RANKIN VALRICO, FL	PLACE	Title: (Name: Address: City-St-Zip:) Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: RAUL RIAMONDE PRES 04/25/2008

() Change () Addition