


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 13, 2007 8:00 am
Secretary of State

06-13-2007 90092 026 ****50.00

DOCUMENT # L06000093725	
1. Entity Name R.I.V.A. INVESTMENT, LLC.	

Principal Place of Business 10556 NW 26 STREET D-101 MIAMI, FL 33172 US	Mailing Address 10556 NW 26 STREET D-101 MIAMI, FL 33172 US
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60051814



2. Principal Place of Business - No P.O. Box # 10556 NW 26 St.	3. Mailing Address 10556 NW 26 St.
Suite, Apt. #, etc. D-101	Suite, Apt. #, etc. D-101
City & State Doral, FL 33172	City & State Doral, FL
Zip 33172	Country U.S.


06082007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-5621347	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

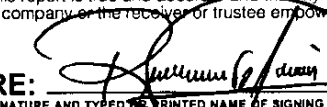
6. Name and Address of Current Registered Agent CABANAS, JOSEPH 10520 NW 26 STREET C-201 MIAMI, FL 33172	
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7. Name and Address of New Registered Agent Name Cabanas, Joseph F. Street Address (P.O. Box Number is Not Acceptable) 10520 NW 26 St. - C 201 City Doral FL Zip Code 33172	
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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 06/08/07

Filing Fee is \$50.00 Due by September 14, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FERRI, ROBERTO 10556 NW 26 STREET, SUITE D-101 MIAMI, FL 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FERRI, ROBERTO 10556 NW 26 St. - D101 Doral, FL 33172 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RUSSO DE FERRI, MARIA I 10556 NW 26 STREET, SUITE D-101 MIAMI, FL 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RUSSO DE FERRI, MARIA I 10556 NW 26 St. - D101 Doral, FL 33172 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE ROBERTO FERRI	DATE 06/08/07 (305) 513 3639 Daytime Phone #