


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 06, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000093725 1. Entity Name R.I.V.A. INVESTMENT, LLC.	
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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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DO NOT WRITE IN THIS SPACE



06012008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-5621347	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CABANAS, JOSEPH
 10520 NW 26 STREET
 C-201
 MIAMI, FL 33172

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

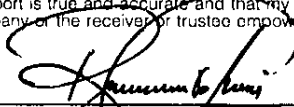
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008 In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FERRI, ROBERTO 10556 NW 26 STREET, SUITE D-101 MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RUSSO DE FERRI, MARIA I 10556 NW 26 STREET, SUITE D-101 MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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U00000952860
06/06/08-80001-003 138.75

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:  06/2/08 (786) 436 1612

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Roberto Ferri