



**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # L81308 1. Entity Name RIAGE, INC.			
Principal Place of Business % NEIL ELMQUIST 1360 SW 160 AVE SUNRISE, FL 33326		Mailing Address % NEIL ELMQUIST 1360 SW 160 AVE SUNRISE, FL 33326	
DO NOT WRITE IN THIS SPACE			
		 03182004 No Chg-P CR2E034 (10/03)	
4. FEI Number 65-0203569		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ELMQUIST, NEIL 1360 SW 160 AVE SUNRISE, FL 33326		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		<div>000000138231</div> <div>04/29/04-80070-023 150.00</div> DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DPT ELMQUIST, NEIL 1360 SW 160 AVE SUNRISE, FL		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DVS ELMQUIST, CATHY 1360 S.W. 160TH AVENUE SUNRISE, FL		
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12. I hereby certify that the information supplied with this filing 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 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 other like empowered.			
SIGNATURE: <i>Neil Elmqvist</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/27/04 959-384-7440 Date Daytime Phone #	

Neil Elmqvist, President