2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L91087

1. Entity Name RIVIERA DEVELOPMENT CORPORATION



Principal Place of Business % ROBERT J. MORAITIS 1310 SE THIRD AVE FT. LAUDERDALE, FL 33316 Mailing Address

% ROBERT I. MORAITIS 1310 SE THIRD AVE FT. LAUDERDALE, FL 33316

FILED Jan 15, 2004 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

01122004	No Cng-P	CH2E034 (10/	03)
. FEI Number			Applied For

65-0230049 5. Certificate of Status Desired

Not Applicable

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MORAITIS, ROBERT J. 1310 SE THIRD AVE FT. LAUDERDALE, FL 33316

SIGNATURE:

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 Porida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE Signature, typed or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) DATE							
FILE NOW!!! FEE 18 \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Financ Trust Fund Contribution.	oing 🔲	\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORAITIS, ROBERT J 1310 SE THIRD AVE FORT LAUDERDALE, FL 33316		·		U0000 <u>000</u> 5614 01/15/04-80058-018 150.00		
IITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MORAITIS, ROBERT J. 1310 SE THIRD AVE FT LAUDERDALE, FL				01/15/04-80058-018 150.00		
TRILE NAME STREET ADDRESS CRY-ST-ZIP	S MORAITIS, ROBERT J 1310 SOUTHEAST THIRD AVENUE FORT LALUDERDALE, FL			DÓ	NOT WRITE		
THLE NAME STREET ADDRESS CHY-ST-ZIP	TD MORAITIS, ROBERT J 1310 SE THIRD AVE FT LAUDERDALE, FL			IN '	THIS SPACE		
TIRE NAME STREET ADDRESS CITY - ST - ZIP					··· ·-· ·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
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 cath, that I am an officer or director of the corporation or the receiver is rustee 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 en appears, with all other like ampowered.							

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR