

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M05195

FILED
Apr 22, 2009
Secretary of State

Entity Name: WILLIAM P. RIVERA INSURANCE AGENCY, INC.

Current Principal Place of Business:

5000 SW 75TH AVE
201
MIAMI, FL 33155 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 558547
MIAMI, FL 33255 US

New Mailing Address:

FEI Number: 59-2494355

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIVERA, WILLIAM P.
5000 SW 75TH AVE
SUITE 201
MIAMI, FL 33155 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: RIVERA, WILLIAM P.
Address: 5000 SW 75 AVE, STE 201
City-St-Zip: MIAMI, FL 33155

Title: DVS () Delete
Name: RIVERA, IRMA M.
Address: 5000 SW 75 AVE, STE 201
City-St-Zip: MIAMI, FL

Title: DT () Delete
Name: RIVERA, IRMA M.
Address: 5000 SW 75 AVE, STE 201
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: WILLIAM P. RIVERA

DP

04/22/2009

Electronic Signature of Signing Officer or Director

_____ Date