

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M05195

FILED  
Mar 04, 2010  
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  
**Name:** RIVERA, WILLIAM P.  
**Address:** 5000 SW 75 AVE, STE 201  
**City-St-Zip:** MIAMI, FL 33155

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

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

I hereby 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 all other like empowered.

**SIGNATURE:** IRMA RIVERA

DVP/

03/04/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date