2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 24, 2006 08:00 AM DOCUMENT # M72504 **Secretary of State** RIVIERA AUTO SALES, SOUTH, INC. Principal Place of Business Mailing Address % ALBERT L. MARZILLI 266 RIDGEWOOD AVE. % ALBERT L. MARZILLI 266 RIDGEWOOD AVE. HOLLY HILL FL 32117-4944 HOLLY HILL FL 32117-4944 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-2872459 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARZILLI, ALBERT L Street Address (P.O. Box Number is Not Acceptable) 266 RIDGEWOOD AVE HOLLY HILL FL 32017 Zip Code 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 Signature, typed or printed name of registered agent and fitte if applicable (NOTE: Registered Agent signature required when remistating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5,00 May Be After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete THE 🔲 Addition Change NAME MARZILLI, ALBERT L. MAME U00000446926 STREET ADDRESS STREET ADDRESS 266 RIDGEWOOD AVE. CHTY-ST-217 HOLLY HILL FL CITY-ST-ZIP 03/08/06 80032**-025 150.00** TITLE Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE etgleQ 🔲 uns Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CitY-St-789 ☐ Addition TITLE ☐ Change ☐ Delete TOLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Defete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CSTY-ST-ZIP CITY-ST-ZIP TITLE Defete ☐ Change Addition MANE NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Section 119, 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 attactment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

2.2006

FILED