


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90031 046 ***150.00

DOCUMENT # M90173
 1. Entity Name
RIVIERA PLAZA OF HOLLY HILL, INCORPORATED




Principal Place of Business: **1518 STATE AVENUE "A" HOLLY HILL FL 32117**
 Mailing Address: **1518 STATE AVENUE "A" A HOLLY HILL FL 32117 US**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country



1st MOORE CR2E034 (10/04)

4. FEI Number **59-3120753**
 Applied For: Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
MARKOVICS, HEIGA J
1518 STATE AVENUE
UNIT A
HOLLY HILL FL 32117

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ **FL** 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: _____ (NOTE: Registered Agent signature required when reinstating)
 DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE: PD <input type="checkbox"/> Delete	NAME: FRANCESCHI, MAURO
STREET ADDRESS: 1518 STATE AVENUE, SUITE A	CITY-ST-ZIP: HOLLY HILL FL
TITLE: VTD <input type="checkbox"/> Delete	NAME: FRANCESCHI, JUAN GUIDO
STREET ADDRESS: 1518 STATE AVENUE, SUITE A	CITY-ST-ZIP: HOLLY HILL FL
TITLE: VD <input type="checkbox"/> Delete	NAME: FRANCESCHI, SANTE
STREET ADDRESS: 1518 STATE AVENUE, SUITE A	CITY-ST-ZIP: HOLLY HILL FL
TITLE: S <input type="checkbox"/> Delete	NAME: MARKOVICS, HELGA
STREET ADDRESS: 1518 STATE AVENUE, SUITE A	CITY-ST-ZIP: HOLLY HILL FL
TITLE: <input type="checkbox"/> Delete	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: <input type="checkbox"/> Delete	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: FRANCESCHI, SANTE
STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	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 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: Helga J. Markovics S/ADMINISTRATOR **HELGA J. MARKOVICS** 2-7-2005 (386)677-3741
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #