2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 03, 2006 08:00 AM DOCUMENT # M90173 **Secretary of State** 1. Entity Name RIVIERA PLAZA OF HOLLY HILL, INCORPORATED Principal Place of Business Mailing Address 1518 STATE AVENUE "A" HOLLY HILL FL 32117 1518 STATE AVENUE "A" HOLLY HILL FL 32117 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 59-3120753 Not Applicat \$8.75 Additional Zip Country Zφ Country 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARKOVICS, HEIGA J Street Address (P.O. Box Number is Not Acceptable) 1518 STATE AVENUE **UNIT A** HOLLY HILL FL 32117 Zip Code FI 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 little if explicable (NOTE Registered Agent signature required when resistating) FILE NOW!!! FEE IS \$150.00 P 9. Election Campaign Financing \$5.00 May 5 After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Feas Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ta. 11. Delete TODE ☐ Change TITLE NAME FRANCESCHI, MAURO NAME STREET ADDRESS 1518 STATE AVENUE, SUITE A STREET ADDRESS 09/15/06 80048-008 **150.00** CHY-ST-ZIP HOLLY HILL FL CITY-ST-ZIP Delete ☐ Change ☐ Addilla TITLE VTD TITLE NAME FRANCESCHI, JUAN GUIDO NAME STREET ADDRESS STREET ADDRESS 1518 STATE AVENUE, SUITE A CITY-ST-ZIP HOLLY HILL FL CITY-ST-ZIP THE VD Delete TITLE Change ☐ Add® MARKE NAME FRANCESCHI, SANTE STREET ADDRESS STREET ADDRESS 1518 STATE AVENUE, SUITE A CITY-ST-ZIP CITY-ST-ZIP HOLLY HILL FL TITLE ☐ Detete THILE Change Aaren MARKOVICS, HELGA STREET ADDRESS 1518 STATE AVENUE, SUITE A STREET ADDRESS HOLLY HILL FL CITY-ST-ZIP City-S1-ZIP Change Agging TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change □ Adam TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental legant 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 trustpelempowered 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:

2-6-2006 (382)677-3741

FILED