


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90105 008 ***150.00

DOCUMENT # M90173 1. Entity Name RIVIERA PLAZA OF HOLLY HILL, INCORPORATED	
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Principal Place of Business 1518 STATE AVENUE "A" HOLLY HILL, FL 32117	Mailing Address 1518 STATE AVENUE "A" A HOLLY HILL, FL 32117 US
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DO NOT WRITE IN THIS SPACE



01092008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3120753	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MARKOVICS, HEIGA J 1518 STATE AVENUE UNIT A HOLLY HILL, FL 32117

DO NOT WRITE IN THIS SPACE

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 _____

inc. CR 5955
FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRANCESCHI, MAURO 1518 STATE AVENUE, SUITE A HOLLY HILL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD FRANCESCHI, JUAN GUIDO 1518 STATE AVENUE, SUITE A HOLLY HILL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FRANCESCHI, SANTE 1518 STATE AVENUE, SUITE A HOLLY HILL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARKOVICS, HELGA 1518 STATE AVENUE, SUITE A HOLLY HILL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *[Signature]* **1/10/08** **(386) 677-3741**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #