

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002600

FILED
Apr 27, 2006
Secretary of State

Entity Name: RIVIERA SCHOOLS PARENTS CLUB, INC.

Current Principal Place of Business:

6800 NERVIA STREET
CORAL GABLES, FL 33146

New Principal Place of Business:

Current Mailing Address:

6800 NERVIA STREET
CORAL GABLES, FL 33146

New Mailing Address:

FEI Number: 65-1014059

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMERICAN INFORMATION SERVICES, INC.
ONE S.E. THIRD AVENUE, 28TH FLOOR
MIAMI, FL 33131 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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MILTON, ANA
Address: 7207 MONACO ST
City-St-Zip: CORAL GABLES, FL 33143

Title: VD () Delete
Name: SCHWARTZ, LAURA
Address: 14300 SW 74 CT
City-St-Zip: MIAMI, FL 33158

Title: SD () Delete
Name: TAMBORREL, GERORGINA
Address: 16411 SW 81 AVE
City-St-Zip: MIAMI, FL 33157

Title: TD () Delete
Name: ROCHA, LYNN
Address: 7310 SW 146 TERR
City-St-Zip: MIAMI, FL 33158

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: MACDOUGALL, DANIELLE
Address: 16102 SW 84TH COURT
City-St-Zip: VILLAGE OF PALMETO BAY, FL 33157

Title: VP (X) Change () Addition
Name: GIAMPETRO, ANNMARIE
Address: 5290 S.W. 64TH COURT
City-St-Zip: MIAMI, FL 33155

Title: SECY (X) Change () Addition
Name: VALDES-FAULI, MARIANA
Address: 237 EAST ENID DRIVE
City-St-Zip: KEY BISCAVNE, FL 33149

Title: TRES (X) Change () Addition
Name: ROCHA, LYNN
Address: 7310 SW 146TH TERRACE
City-St-Zip: VILLAGE OF PALMETTO BAY, FL 33158

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYNN ROCHA

TRES

04/27/2006

Electronic Signature of Signing Officer or Director

Date