2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2008 08:00 AN Secretary of State

	7,11147					20, 20		
DOCUMENT # N0500001242 1. Entity Name RIVA OFFICE CONDOMINIUM ASSOCIATION, INC.					S	Secreta	ry of Sta	
Principal Place 1300 NW 84 DORAL, FL		Mailing Address	magnetic section of the section of t	,,,,,,,,,,,	8/1 88/8/ 8/1/1 88/1/ 88/1/ 88/1/	! Fa hh sa ngi kraja hal	LEALE REPORT OF MEET	
DO NOT WRITE IN THIS SPA				.	01182008 No Chg-NP CR2E037 (4/06)			
	O NOT WRITE	. IN THIS SPA	CE		nber 528587 Ite of Status Desired	□ \$8.7	Applied For Not Applicable 75 Additional Required	
	6. Name and Address of Curren	t Registered Agent	1					
PEREZ, EDGARDO 1300 NW 84 AVENUE DORAL, FL 33126					NOT W			
	tions of registered agent.	for the purpose of changing its register			ooth, in the State of Flo	rida. I am familia	ar with, and accept	
	Signature, typed or printed name of registered age:	If and title is applicable (NO) E, negletels	en Agent alginature re	quired when reinstating)		DATE		
,	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Fina Trust Fund Contribution.		\$5.00 May Be Added to Fees				
10.	OFFICERS ANI	DIRECTORS	T .				P - 5 , 3 - 3 -	
NAME STREET ADDRESS CITY-ST-ZIP	DP PEREZ, EDGARDO 1300 NW 84 AVENUE DORAL, FL 33126				000000 05/21/08-	930148 80096-016	61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PASCUAL, MARIO 1300 NW 84 AVENUE DORAL, FL 33126			•				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	E DS KILIDDJIAN, PETER EET ADDRESS 1300 NW 84 AVENUE			DC	DO NOT WRITE			
TITLE NAME				IN	THIS SF	PACE		

12. I hereby certify that the information supplied with this filling 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 redeiver or trustee empowered to execute this report as required by Chapter 617, 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:

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

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Se Librarder

<u> 305-592-1363</u>

Daytime Phone