

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008331

FILED  
May 07, 2008  
Secretary of State

Entity Name: RIOS DE VIDA, INC.

**Current Principal Place of Business:**

16288 NW 20 ST  
PEMBROKE PINES, FL 33028 US

**New Principal Place of Business:**

**Current Mailing Address:**

16288 NW 20 ST  
PEMBROKE PINES, FL 33028 US

**New Mailing Address:**

FEI Number: 26-0768115      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

MELENDEZ VEGA, LLC  
10511 N KENDALL DR.  
SUITE C-203  
MIAMI, FL 33176 US

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: P ( ) Delete  
Name: RIVERA, DAVID  
Address: 16288 NW 20 ST  
City-St-Zip: PEMBROKE PINES, FL 33028 US

Title: VP ( ) Delete  
Name: BRICENO, MIGUEL  
Address: 714 SW 157 TERRACE  
City-St-Zip: SUNRISE, FL 33326 US

Title: S ( ) Delete  
Name: BRICENO, CATHERINE  
Address: 714 SW 157 TERRACE  
City-St-Zip: SUNRISE, FL 33326 US

Title: T ( ) Delete  
Name: RIVERA, LOUIS  
Address: 16145 NW 12 ST  
City-St-Zip: PEMBROKE PINES, FL 33028 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: CATHERINE A. BRICENO

S

05/07/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date