

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90261 039 \*\*\*150.00

**DOCUMENT # P00000018312**

1. Entity Name  
**RIVER INTERNATIONAL OF COMMERCE, INC.**



Principal Place of Business  
**5462 HOFFNER AVE  
SUITE 501  
ORLANDO, FL 32812**

Mailing Address  
**5462 HOFFNER AVE  
SUITE 501  
ORLANDO, FL 32812**

**40058812**

2. Principal Place of Business  
**5448 Hoffner Ave  
Suite, Apt. #, etc. Suite 203  
City & State Orlando  
Zip 32812 Country US**

3. Mailing Address  
**5448 Hoffner Ave  
Suite, Apt. #, etc. Suite 203  
City & State Orlando  
Zip 32812 Country US**

4062005 Chg-P CR2E034 (10/03)

4. FEI Number  
**01-0720784**

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**RIVERA, WILLIAM  
1212 SANDESTIN WAY  
ORLANDO, FL 32824**

7. Name and Address of New Registered Agent  
Name **William Rivera**  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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]* DATE **4/6/05**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P RIVERA, WILLIAM 1212 SANDESTIN WAY ORLANDO, FL 32824</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>William Rivera 5448 Hoffner Ave. #203 Orlando, FL 32812</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V CHAVES, ROSA E 1212 SANDESTIN WAY ORLANDO, FL 32824</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Rosa E Chaves 5448 Hoffner Ave. #203 Orlando, FL 32812</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]* DATE **4/6/05** DAYTIME PHONE # **407-382 9353**