

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 09, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000020329**  
 1. Entity Name  
**SOUTH RIVIERA INVESTMENTS, INC.**



Principal Place of Business      Mailing Address  
 660 S.W. 123 AVENUE      660 S.W. 123 AVENUE  
 MIAMI, FL 33184      MIAMI, FL 33184

**DO NOT WRITE IN THIS SPACE**



01072006    No Chg-P    CR2E034 (11/05)

4. FEI Number <b>30-0066800</b>	Applied For Not Applicable
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5. Certificate of Status Desired        **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
 DIAZ, RUBEN  
 660 S.W. 123 AVENUE  
 MIAMI, FL 33184

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

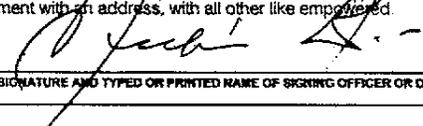
9. Election Campaign Financing Trust Fund Contribution.        **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIAZ, RUBEN 660 S.W. 123 AVENUE MIAMI, FL 33184
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIAZ, AMPARO 660 S.W. 123 AVENUE MIAMI, FL 33184
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

01/10/06-20019-013 150.00

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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:       1-7-06      305 22130074  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #