

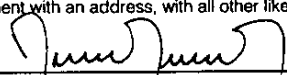


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90169 014 ***158.75

DOCUMENT # P00000051568 1. Entity Name RIVIERA INTERNATIONAL INVESTMENTS, CORP.					
Principal Place of Business 169 E FLAGLER ST 1534 PMB 1187 MIAMI, FL 33131			Mailing Address 169 E FLAGLER ST 1534 PMB 1187 MIAMI, FL 33131		
2. Principal Place of Business 62 Indian Trace Suite, Apt. #, etc. NO 76		3. Mailing Address 62 Indian Trace Suite, Apt. #, etc. NO 76			
City & State WESTON FL		City & State WESTON Florida		4. FEI Number 65-1020017	
Zip 33326		Country 33326		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALVAREZ, ARTURO 169 E FLAGLER ST STE 1534 PMB 1187 MIAMI, FL 33131				7. Name and Address of New Registered Agent Name Arturo Alvarez Street Address (P.O. Box Number is Not Acceptable) 62 Indian Trace # 76 City WESTON FL Zip Code 33326	
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 <u></u> DATE 04-25-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PSD ALVAREZ, ARTURO 169 E FLAGLER ST STE 1534 PMB 1187 MIAMI, FL 33131	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MEJIA, CLARA I 169 E FLAGLER ST STE 1534 PMB 1187 MIAMI, FL 33131	<input type="checkbox"/> Delete			
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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: <u></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		
Date			Daytime Phone #		