


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2005 8:00 am**  
**Secretary of State**

02-14-2005 90045 028 \*\*\*150.00

<b>DOCUMENT # P0000088656</b> 1. Entity Name <b>RIVER VISTA PROPERTY MANAGEMENT, INC.</b>																			
Principal Place of Business <b>1104 SE WESTCHESTER DRIVE PORT ST LUCIE, FL 34952</b>		Mailing Address <b>1104 SE WESTCHESTER DRIVE PORT ST LUCIE, FL 34952</b>																	
2. Principal Place of Business <b>1108 SE Mitchell Ave</b> Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 8045</b> Suite, Apt. #, etc.																	
City & State <b>Port St Lucie FL</b> Zip <b>34952</b>		City & State <b>Port St Lucie FL</b> Zip <b>34985</b>																	
4. FEI Number <b>65-1041528</b>		Applied For <input type="checkbox"/> Not Applicable																	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>																	
6. Name and Address of Current Registered Agent  <b>LAMPLOUGH, JUNE E 969 S FEDERAL HWY STE 400 STUART, FL 34994</b>		7. Name and Address of New Registered Agent Name <b>Marilene Almeida</b> Street Address (P.O. Box Number is Not Acceptable) <b>1108 SE Mitchell Ave</b> City <b>Port St Lucie</b> <b>FL</b> Zip Code <b>34952</b>																	
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: <i>Marilene Almeida</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																	
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">D <input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ALMEIDA, MARILENE</td> </tr> <tr> <td>STREET ADDRESS</td> <td>1104 SE WESTCHESTER DRIVE</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PORT ST LUCIE, FL 34952</td> </tr> </table>		TITLE	D <input type="checkbox"/> Delete	NAME	ALMEIDA, MARILENE	STREET ADDRESS	1104 SE WESTCHESTER DRIVE	CITY-ST-ZIP	PORT ST LUCIE, FL 34952	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">VP/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1254 SE NANCY LN</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Port St Lucie FL 34983</td> </tr> </table>		TITLE	VP/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS	1254 SE NANCY LN	CITY-ST-ZIP	Port St Lucie FL 34983
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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: <i>Marilene Almeida</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <b>02/10/05</b> <small>Date Daytime Phone #</small>																	

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