


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2006 08:00 AM
Secretary of State

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| DOCUMENT # P01000002194 | |  |
| 1. Entity Name NEW RIVIERA RESIDENCE, INC. | | |
| Principal Place of Business 7800 W. OAKLAND PARK BLVD. BLDG. SUNRISE, FL 33351 | Mailing Address 7800 W. OAKLAND PARK BLVD. BLDG. SUNRISE, FL 33351 | |
| DO NOT WRITE IN THIS SPACE | | |
| 6. Name and Address of Current Registered Agent LAPIERRE, REJEAN 7800 W. OAKLAND PARK BLVD. BLDG. SUNRISE, FL 33351 | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____ | | |
| 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 | | DO NOT WRITE IN THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD REUS, SYLVAIN 17050 N BAY ROAD UNIT 509 SUNNY ISLES BEACH, FL 33160 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSD REUS, JULIA 17050 N BAY ROAD UNIT 509 SUNNY ISLES BEACH, FL 33160 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
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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>SYLVAIN REUS</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | Date <u>APR 25, 2006</u> <small>Daytime Phone #</small> |



04052006 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 65-1070875 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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05/08/06-00114-002-150.00