

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000002194

1. Entity Name
NEW RIVIERA RESIDENCE, INC.



Principal Place of Business
**7800 W. OAKLAND PARK BLVD.
SUITE G-121
SUNRISE, FL 33351**

Mailing Address
**7800 W. OAKLAND PARK BLVD.
SUITE G-121
SUNRISE, FL 33351**



03312008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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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 |

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**U00000919880
05/14/08-80020-019 150.00**

10. OFFICERS AND DIRECTORS

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD REUS, SYLVAIN 17050 N BAY ROAD UNIT 509 SUNNY ISLES BEACH, FL 33160 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSD REUS, JULIA 17050 N BAY ROAD UNIT 509 SUNNY ISLES BEACH, FL 33160 |
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IN THIS SPACE**

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.

**RECEIVED
NOTES**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone