2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P01000017715

1. Entity Name LA RÍVE, INC.



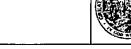
FILED May 02, 2008 08:00 AN Secretary of State

Principal Place of Business

3201 WEST GRIFFIN ROAD

SUITE 106

FORT LAUDERDALE, FL 33312



Mailing Address

3201 WEST GRIFFIN ROAD

SUITE 106

FORT LAUDERDALE, FL 33312



04242008

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-1078491 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DECKELBAUM, GORDON 3201 WEST GRIFFIN ROAD SUITE 106 FORT LAUDERDALE, FL 33312

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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, typed or printed name of registered agent and little if applicable.

(NOTE, Registered Agent signature required when reinstating)

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

U00000943005 05/29/08-80043-007 150.00

10. OFFICERS AND DIRECTORS TITLE NAME DECKELBAUM, GORDON STREET ADDRESS 3201 WEST GRIFFIN RD #106 CITY-ST-ZIP FORT LAUDERDALE, FL 33312 MGRM TITLE KEMPNER, MICHAEL NAME STREET ADDRESS 6654 BRISTOL LAKE SOUTH CITY-ST-ZIP DELRAY BEACH, FL 33446 MGRM NAME WEINSTEIN, NORMAN STREET ADDRESS 3201 W. GRIFFIN ROAD STE#106 DANIA BEACH, FL 33312 CITY-ST-ZIP TITI F NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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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 emcute 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:

Daytime Phone #