

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000022255

1. Entity Name
RIVERSIDE HOMES, INC.



Principal Place of Business
1051 NW 62 AVE
CORAL SPRINGS, FL 33071

Mailing Address
1051 NW 62 AVE
CORAL SPRINGS, FL 33071

FILED

05 FEB 22 PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0818561

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SOTO, OSCAR
915 MIDDLE RIVER DR
304
FT LAUDERDALE, FL 33304

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
ROSAS, JESUS A
1051 NW 62 AVE
CORAL SPRINGS, FL 33071

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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200047930122
03/08/05--01005--011 **225.00

**DO NOT WRITE
IN THIS SPACE**

[Handwritten Signature]
2/28/05

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: *[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/05 954-979-1099

Date

Daytime Phone #