

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 07, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P01000030568

1. Entity Name

THERESE RIVERA ENTERPRISES, INC.



Principal Place of Business

4311 BLACK JACK ALLEY  
JACKSONVILLE, FL 32210

Mailing Address

4311 BLACK JACK ALLEY  
JACKSONVILLE, FL 32210



**DO NOT WRITE IN THIS SPACE**

02112005 No Chg-P CR2E034 (10/03)

4. FEI Number

59-3700871

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

RIVERA, THERESE A  
4311 BLACK JACK ALLEY  
JACKSONVILLE, FL 32210

**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 re-registering)

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 P  
NAME RIVERA, THERESE A  
STREET ADDRESS 4311 BLACK JACK ALLEY  
CITY-ST-ZIP JACKSONVILLE, FL 322107301

TITLE  
NAME  
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CITY-ST-ZIP

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03/07/05-80005-004 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(x), 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:

*Therese A. Rivera* Therese A. Rivera

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/02/05 (904) 772-1578

Date

Daytime Phone #