## 2006 FOR PROFIT CORPORATION . ANNUAL REPORT

STREET ADDRESS COY-ST-ZIP

SIGNATURE:

## Apr 06, 2006 08:00 AM Secretary of State **DOCUMENT # P01000030568** THERESE RIVERA ENTERPRISES, INC. Principal Place of Business Mailing Address 4311 BLACK JACK ALLEY 4311 BLACK JACK ALLEY JACKSONVILLE, FL 32210 IACKSONVILLE, FL 32210 04022006 No Cha P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FFI Number 59-3700871 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE RIVERA, THERESE A 4311 BLACK JACK ALLEY JACKSONVILLE, FL 32210 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 typed or printed name of registered agent and title if applicable. (NOTE, flegistered Agens signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 D Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE RIVERA, THERESE A NAME STITEET ADDRESS 4311 BLACK JACK ALLEY CITY-ST-7P JACKSONVILLE, FL 322107301 U00000494559 04/20/06-80049-021 150.00 TITLE MAME STREET ADDRESS EITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAZAE STREET ADDRESS C177 - ST-2TP TALE NAME

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 wight an address, with all other like empowered.

OF SIGNING OFFICER OR OWECTOR

**FILED**