


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000058555	
1. Entity Name RIA CORPORATION	

Principal Place of Business 9508 N TRASK ST TAMPA, FL 33624	Mailing Address 9508 N TRASK ST TAMPA, FL 33624
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DO NOT WRITE IN THIS SPACE



04202004 00000000 000000000000

4. FEI Number 59-3728002	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 0000000000 0000000000
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6. Name and Address of Current Registered Agent ROJAS, AMADOR E 16106 COUNTRY CROSSING DR TAMPA, FL 33624
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 00000000 0000000000
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	PD ROJAS, AMADOR E 16106 COUNTRY CROSSING DR TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY-ST- ZIP	ST ROJAS, MARIA E 16106 COUNTRY CROSSING DR TAMPA, FL 33624
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TITLE NAME STREET ADDRESS CITY-ST- ZIP	

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04/29/04-80140-018 150.00

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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	4/25/04 <small>Date</small>	961-1337 <small>Daytime Phone #</small>
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