


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90487 047 ***150.00

DOCUMENT # P01000107450 1. Entity Name RIVER A MAINTENANCE, INC.					
Principal Place of Business 5157 SW 122ND STREET COOPER CITY, FL 33330			Mailing Address 5157 SW 122ND STREET COOPER CITY, FL 33330		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FET Number 65-1156010	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent NOFIL & NOFIL, P.A. 3284 NORTH STATE ROAD 7 LAUDERDALE LAKES, FL 33319-8			7. Name and Address of New Registered Agent Name JOSEPH K. NOFIL, P.A. Street Address (P.O. Box Number is Not Acceptable) 3284 N. STATE ROAD 7 City LAUDERDALE LAKES FL Zip Code 33319		
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 fee, if applicable) (NOTE: Registered Agent signature is required for new filings) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PT RIVERA, FRANCISCO 5157 SW 122ND STREET COOPER CITY, FL 33330	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VS RIVERA, ROCIO 5157 SW 122ND STREET COOPER CITY, FL 33330	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete			
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 authority empowered			SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		
Date _____			Dying Phone # _____		