


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2005 8:00 am**  
**Secretary of State**

05-05-2005 90113 011 \*\*\*150.00

DOCUMENT # P02000037322					
1. Entity Name RIANA CORPORATION					
Principal Place of Business <del>3601 W COMMERCIAL BLVD #39</del> <del>FT LAUDERDALE, FL 33309</del>			Mailing Address <del>3601 W COMMERCIAL BLVD #39</del> <del>FT LAUDERDALE, FL 33309</del>		
2. Principal Place of Business <b>553 PINE LAKE VIEW DR</b>			3. Mailing Address <b>553 PINE LAKE VIEW DR</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <b>DAVENPORT, FL</b>			City & State <b>DAVENPORT, FL</b>		
Zip <b>33837</b>			Zip <b>33837</b>		
Country			Country		
4. FEI Number <b>02-0583408</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75</b> Additional Fee Required		
6. Name and Address of Current Registered Agent <b>DIROCCO, PATRICIA</b> <del>3601 W COMMERCIAL BLVD #39</del> <del>FT LAUDERDALE, FL 33309</del>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>6601 NW 14th Street</b> City <b>PLANTATION</b> FL Zip Code <b>33313</b>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	D DIROCCO, PATRICIA 3601 W COMMERCIAL BLVD #39 FT LAUDERDALE, FL 33309	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Resigned 2/14/04</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Judith Linguanti</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>P/SID</b> <b>553 PINE LAKE VIEW DRIVE</b> <b>DAVENPORT, FL 33837</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><b>PATRICIA DIROCCO, RA</b></u> <b>5/1/05</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

**50049590**



05022005 Chg-P CR2E034 (10/03)