

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000037322

1. Entity Name
RIANA CORPORATION



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

05-05-2005 90113 011 ***150.00

Principal Place of Business
3601 W COMMERCIAL BLVD #39
FT LAUDERDALE, FL 33309

Mailing Address
3601 W COMMERCIAL BLVD #39
FT LAUDERDALE, FL 33309

50049590



2. Principal Place of Business
353 Pine Lake View Dr 353 Pine Lake View Dr
Suite, Apt. #, etc.
City & State
Davenport, FL
Zip 33837 Country 33837

3. Mailing Address
City & State
Davenport, FL
Zip 33837 Country 33837

05022005 Chg-P CR2E034 (10/03)

4. FEI Number
02-0583408
Applied For
Not Applicable

5. Certificate of Status Desired
 \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent
DIROCCO, PATRICIA
3601 W COMMERCIAL BLVD #39
FT LAUDERDALE, FL 33309

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
6601 NW 14th Street
City Plantation FL Zip Code 33313

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 reinstating) DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. \$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 | D DIROCCO, PATRICIA 3601 W COMMERCIAL BLVD #39 FT LAUDERDALE, FL 33309 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Resigned 2/14/04 <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 | Judith Linguanti <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition P/53 Pine Lake View Drive Davenport, FL 33837 |
| 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 |
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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Patricia DiRocco, PA

5/1/05