

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 05, 2006 08:00 AM
Secretary of State

DOCUMENT # P02Q00066190 1. Entity Name CLAUDIO RIVERA, P.A.	
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Principal Place of Business 2801 PONCE DE LEON SUITE #1170 CORAL GABLES, FL 33134	Mailing Address 2801 PONCE DE LEON SUITE #1170 CORAL GABLES, FL 33134
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06282006 No Chg-P CR2E034 (11/05)

4. FEI Number 46-0493091	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent RIVERA, CLAUDIO ESQ. 2801 PONCE DE LEON SUITE #1170 CORAL GABLES, FL 33134	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RIVERA, CLAUDIO 2801 PONCE DE LEON, #1170 CORAL GABLES, FL 33134
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IN THIS SPACE**

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 with an address, with all other like empowered.

SIGNATURE:  CLAUDIO RIVERA, PRESIDENT	Date 6/28/06	Daytime Phone 305/449-4725
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		