2006 FOR PROFIT CORPORATION - ANNUAL REPORT

DOCUMENT # P02000087112 Jan 09, 2006 08:00 AM 1. Entity Name **Secretary of State** JORGE RIVERA IMMIGRATION LAW OFFICE, P.A. Principal Place of Business Mailing Address 3030 CORAL WAY 3030 CORAL WAY MIAMI, FL 33145 MIAMI, FL 33145 01052006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 51-0453922 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RIVERA, JORGE DO NOT WRITE 3030 CORAL WAY MIAMI, FL 33145 IN THIS SPACE 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE RIVERA, JORGE NAME 3030 CORAL WAY STREET ADDRESS CITY-ST-7IP MIAMI, FL 33145 40000008037S NAME 01/11/06-80011-014 188.75 STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 feceiver 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TORGE RIVERA

Tonos/2006

305 443 3900

Daytime Phone #

FILED