

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000089300

1. Entity Name
RIVERA, CORP.



Principal Place of Business
**17600 COLLINS AVENUE
SUNNY ISLES, FL 33160**

Mailing Address
**17600 COLLINS AVENUE
SUNNY ISLES, FL 33160**



04022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0425895

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MORENO, CLAUDIA
17600 COLLINS AVE
SUNNY ISLES BEACH, FL 33160**

**DO NOT WRITE
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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/02/04
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000102387
04/05/04-80022-004 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
VIDOZ, CARLOS
17600 COLLINS AVENUE
SUNNY ISLES, FL 33160**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VD
DAGOSTINO, DANIEL
17600 COLLINS AVENUE
SUNNY ISLES, FL 33160**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VD
VILAR, CONSUELO
17600 COLLINS AVENUE
SUNNY ISLES, FL 33160**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VD
SELTZER, MARIO
17600 COLLINS AVENUE
SUNNY ISLES, FL 33160**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
SELTZER, ROBERTO
17600 COLLINS AVENUE
SUNNY ISLES, FL 33160**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**STD
SCHALIT, MARIO
17600 COLLINS AVENUE
SUNNY ISLES, FL 33160**

**DO NOT WRITE
IN THIS SPACE**

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/02/04 *305-917-2000*
Date Daytime Phone #