


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

04-21-2005 90246 013 \*\*\*150.00

**DOCUMENT # P02000089300**

1. Entity Name  
**RIVERA, CORP.**



Principal Place of Business <b>17600 COLLINS AVENUE          SUNNY ISLES, FL 33160</b>	Mailing Address <b>17600 COLLINS AVENUE          SUNNY ISLES, FL 33160</b>
---	---

**DO NOT WRITE IN THIS SPACE**



04152005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>51-0425895</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

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2005 Fee will be \$550.00**

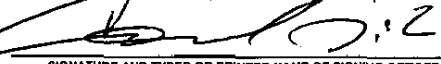
9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/13/05 305-917-7600  
 Date Daytime Phone #