
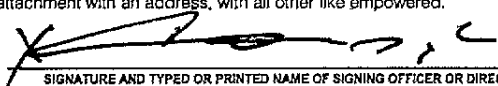


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000089300</b>		
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	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  MORENO, CLAUDIA 17600 COLLINS AVE SUNNY ISLES BEACH, FL 33160		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	<b>DO NOT WRITE IN THIS SPACE</b>
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	
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: 		04/26/06 305-917760
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>



04262006 No Chg-P CR2E034 (11/05)

4. FEI Number 51-0425895	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

U00000545125  
05/11/06-80066-001 150.00