

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000097974

1. Entity Name  
RIVAS, GARCIA, SANCHEZ & ASSOCIATES, INC.



**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90288 003 \*\*\*150.00

Principal Place of Business  
11890 S.W. 8 STREET PENTHOUSE VII  
MIAMI, FL 33184

Mailing Address  
11890 S.W. 8 STREET PENTHOUSE VII  
MIAMI, FL 33184



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04232004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number  
16-1627742

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

L.A.W.S. LEGAL ASSISTANCE WORLD SERVICE CO  
11890 S.W. 8 STREET PENTHOUSE VII  
MIAMI, FL 33184

Name U.S.A. BUSINESS CONSULTING GROUP, CORP.  
Street Address (P.O. Box Number is Not Acceptable)  
11890 S.W. 8 STREET  
PENTHOUSE VII  
City MIAMI, FL FL Zip Code 33184

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)

4-26-2004

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**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME PD  
STREET ADDRESS RIVAS, EFREN A ☒ Delete  
CITY-ST-ZIP 11890 S.W. 8 STREET PENTHOUSE VII  
MIAMI, FL 33184

TITLE  
NAME D ☒ Change ☐ Addition  
STREET ADDRESS CANIZALEZ, FELIPE  
CITY-ST-ZIP 11890 S.W. 8 STREET PENTHOUSE VII  
MIAMI, FL 33184

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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

Date

Daytime Phone #

Director

4-26-2004

305 551-4215