## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 07, 2005 08:00 AM Secretary of State DOCUMENT # P02000106991 RIVEL MAINTENANCE, CORP. Principal Place of Business Mailing Address 1003 MANCHESTER CIRCLE 1003 MANCHESTER CIRCLE WINTER PARK, FL 32792 WINTER PARK, FL 32792 01192005 No Chg-P CB2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0002446 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RIVERA, PEDRO DO NOT WRITE 1003 MANCHESTER CIRCLE WINTER PARK, FL 32792 IN THIS SPACE 5. 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, upped or printed name of registered agent and title it applicable (NOTE; Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME RIVERA, PEDRO STREET ADDRESS 1003 MANCHESTER CIRCLE WINTER PARK, FL 32792 CITY-ST-ZIP TITLE U90000254194 03/07/05-80065-003 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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:

CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/05.

407-375-8060

Daytime Phone #

FILED