## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 05, 2006 08:00 AM Secretary of State DOCUMENT # P02000112516 1. Entity Name RIVERA'S SERVICES, INC. Principal Place of Business Mailing Address 2224 W 74 ST #201 2224 W 74 ST #201 HIALEAH, FL 33016 HIALEAH, FL 33016 04022006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 52-2384207 Not Applicable \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent RIVERA, RAUL DO NOT WRITE 2224 W 74 ST #201 HIALEAH, FL 33016 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 tamiliar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent algositure required when minetaking) DATE UQQQQQ4930Q3 19/06-80086-020 150**.0**0 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Centribution, Added to Fees OFFICERS AND DIRECTORS 10. TITLE RIVERA, RAUL NAME 2224 W 74 ST #201 STREET ADDRESS HIALEAH, FL 33016 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-2IP IN THIS SPACE TITLE NAME STREET ADDRESS

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 actives. With all other like empowered.

SIGNATURE:

CITY-ST-ZIP सारह NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

GRATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**