

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90997 044 \*\*\*150.00

**DOCUMENT # P03000007951**

1. Entity Name  
**RIVA USA, CORP.**



Principal Place of Business

~~% ROTH ROUSSO & DARRACH, P.A.~~  
~~3440 HOLLYWOOD BLVD. SUITE 360~~  
~~HOLLYWOOD, FL 33021~~

Mailing Address

~~% ROTH ROUSSO & DARRACH, P.A.~~  
~~3440 HOLLYWOOD BLVD. SUITE 360~~  
~~HOLLYWOOD, FL 33021~~

**14018907**

2. Principal Place of Business

**17851 NE 29th AV**  
**900**  
Suite, Apt. #, etc.

3. Mailing Address

**17851 NE 29th AV**  
**900**  
Suite, Apt. #, etc.

01272004

Chg-P

CR2E034 (10/03)

City & State

**AVENTURA, FL**

City & State

**AVENTURA, FL**

4. FEI Number

**72-1547208**

Applied For

Not Applicable

Zip

**33180**

Country

**USA**

Zip

**33180**

Country

**USA**

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ROTH, LEONARDO A ESQ.**  
~~% ROTH ROUSSO & DARRACH, P.A.~~  
~~3440 HOLLYWOOD BLVD. SUITE 360~~  
~~HOLLYWOOD, FL 33021~~

7. Name and Address of New Registered Agent

Name **LEONARDO A. ROTH**

Street Address (P.O. Box Number is Not Acceptable)

**17851 NE 29th AV, STE 900**

City **AVENTURA**

**FL**

Zip Code **33180**

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]*

**LEONARDO A. ROTH ESQ**

**4-27-04**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

TITLE **PD** ☐ Delete  
NAME **RIVA, HECTOR E**  
STREET ADDRESS ~~3440 HOLLYWOOD BLVD. SUITE 360~~  
CITY-ST-ZIP ~~HOLLYWOOD, FL 33021~~

TITLE **VD** ☐ Delete  
NAME **RIVA, LAURA**  
STREET ADDRESS ~~3440 HOLLYWOOD BLVD. SUITE 360~~  
CITY-ST-ZIP ~~HOLLYWOOD, FL 33021~~

TITLE **STD** ☐ Delete  
NAME **RIVA, MARIA V**  
STREET ADDRESS ~~3440 HOLLYWOOD BLVD. SUITE 360~~  
CITY-ST-ZIP ~~HOLLYWOOD, FL 33021~~

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Change ☐ Addition  
NAME **RIVA, HECTOR E**  
STREET ADDRESS **17851 NE 29th AV, STE 900**  
CITY-ST-ZIP **AVENTURA, FL 33180**

TITLE **VD** ☐ Change ☐ Addition  
NAME **RIVA, LAURA**  
STREET ADDRESS **17851 NE 29th AV, STE 900**  
CITY-ST-ZIP **AVENTURA, FL 33180**

TITLE **STD** ☐ Change ☐ Addition  
NAME **RIVA, MARIA V**  
STREET ADDRESS **17851 NE 29th AV, STE 900**  
CITY-ST-ZIP **AVENTURA, FL 33180**

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

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

TITLE ☐ Change ☐ Addition  
NAME  
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]* **LAURA RIVA, V**

**4-27-04**

**786-278-0000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #