2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000007951

FILED Mar 31, 2005 Secretary of State

Entity Na	me: RIVA US	A, CORP.			
Current Principal Place of Business:			New Principal Pl	New Principal Place of Business:	
18851 NE 29TH AVE #900 MIAMI, FL 33180			18851 NE 29TH A SUITE 900 MIAMI, FL 33180		
Current Mailing Address:			New Mailing Add	New Mailing Address:	
18851 NE 29TH AVE #900 MIAMI, FL 33180			18851 NE 29TH AVE SUITE 900 MIAMI, FL 33180		
FEI Number	: 72-1547208	FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Addre	Name and Address of New Registered Agent:	
ROTH, LEONARDO A ESQ. 18851 NE 29TH AVE #900 MIAMI, FL 33180 US			18851 NE 29TH A SUITE 900	ROTH, LEONARDO A ESQ. 18851 NE 29TH AVE SUITE 900 MIAMI, FL 33180 US	
	e named entity e of Florida.	submits this statement for the	ourpose of changing its regis	tered office or registered agent, or both,	
SIGNATURE: LEONARDO A. ROTH				03/31/2005	
Electronic Signature of Registered Agent			ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHA	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD (RIVA, HECTOR 18851 NE 29TH MIAMI, FL 331	1 AVE #900	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD (RIVA, LAURA 18851 NE 29TH MIAMI, FL 331		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	STD (RIVA, MARIA V 18851 NE 29TH MIAMI, FL 331	1 AVE #900	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HECTOR E. RIVA PD 03/31/2005