

2004 FOR PROFIT CORPORATION ANNUAL REPORT

8 **FILED**
Aug 27, 2004 8:00 am
Secretary of State

08-06-2004 90006 019 ***150.00

DOCUMENT # P03000040884 1. Entity Name RIVERSTONE INVESTMENTS, INC.					
Principal Place of Business P.O. BOX 450608 SUNRISE, FL 33345			Mailing Address P.O. BOX 450608 SUNRISE, FL 33345		
2. Principal Place of Business 14988 SW 33RD ST			3. Mailing Address Suite, Apt. #, etc.		
Suite, Apt. #, etc. ---			Suite, Apt. #, etc. ---		
City & State Dunwo			City & State FL 33331		
Zip ---			Zip ---		
Country ---			Country ---		
4. FEI Number 51-0458401			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent CHUCK MOGBO, P.A. 2800 W OAKLAND PARK BLVD. SUITE 209 OAKLAND PARK, FL 33311				7. Name and Address of New Registered Agent Name --- Street Address (P.O. Box Number is Not Acceptable) --- City FL Zip Code ---	
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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAWAL, DIMEJI T P.O. BOX 450608 SUNRISE, FL 33345	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LAWAL, MODUPE O P.O. BOX 450608 SUNRISE, FL 33345	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	---	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	---	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	---	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	---	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	---	<input type="checkbox"/> Delete			
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: DIMEJI LAWAL 8/2/04 SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		

66432674



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