

# 2004 FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 25, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90198 004 \*\*\*150.00

**66424031**



<b>DOCUMENT # P03000048508</b>					
1. Entity Name <b>RIVERA RESEARCH, INC.</b>					
Principal Place of Business <b>2117 SOUTH BABCOCK ST 126 MELBOURNE, FL 32901</b>			Mailing Address <b>2117 SOUTH BABCOCK ST 126 MELBOURNE, FL 32901</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>73-1664991</b>	
				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 <b>RIVERA, LUIS A JR. 328 CINNAMON LAKE CIRCLE MELBOURNE, FL 32901</b>				7. Name and Address of New Registered Agent	
				Name <b>Rivera, Luis A JR.</b>	
				Street Address (P.O. Box Number is Not Acceptable) <b>2117 South Babcock St #126</b>	
				City <b>Melbourne</b> FL Zip Code <b>32901</b>	
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 <b>Luis A Rivera</b>				DATE <b>4/23/04</b>	
(NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
		<b>Luis A Rivera, President</b>			
		<b>2691 Stratford Pointe Dr</b>			
		<b>Melbourne, FL 32901</b>			
			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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, when all other like empowered.					
SIGNATURE <b>Luis A Rivera</b>				DATE <b>4/23/04</b>	
(NOTE: Signature and typed or printed name of signing officer or director required)					