

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000067237

FILED
Apr 27, 2009
Secretary of State

Entity Name: RIVAS FAMILY ENTERPRISES, INC.

Current Principal Place of Business:

2900 NW 75 ST
MIAMI, FL 33147

New Principal Place of Business:

Current Mailing Address:

2900 NW 75 ST
MIAMI, FL 33147

New Mailing Address:

FEI Number: 55-0837218

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIVAS, MANUEL R
2900 NW 75 ST
MIAMI, FL 33147 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RIVAS, MANUEL R
Address: 16461 NE 30 AVE
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: VD () Delete
Name: RIVAS, ANTONIO
Address: 3242 SW 141 AVE
City-St-Zip: MIAMI, FL 33175

Title: SD () Delete
Name: RIVAS, ROSARIO C
Address: 3242 SW 141 AVE
City-St-Zip: MIAMI, FL 33175

Title: T () Delete
Name: RIVAS, ANGELA B
Address: 16461 NE 30 AVE
City-St-Zip: NORTH MIAMI BEACH, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MANUEL RIVAS

P

04/27/2009

Electronic Signature of Signing Officer or Director

Date