


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 22, 2004 8:00 am**  
**Secretary of State**

07-22-2004 90002 027 \*\*\*550.00

<b>DOCUMENT # P03000087260</b>					
<b>1. Entity Name</b> DANIEL RIVEIRO JR., P.A.					
<b>Principal Place of Business</b> 2413 BAYSHORE BLVD., STE. 403 TAMPA, FL 33629			<b>Mailing Address</b> 2413 BAYSHORE BLVD., STE. 403 TAMPA, FL 33629		
<b>2. Principal Place of Business</b> 3105 W. AZEELE ST.		<b>3. Mailing Address</b> 301 W. PLATT ST.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State TAMPA, FLORIDA		City & State TAMPA, FL		<b>4. FEI Number</b> 59-3648481	
Zip 33609		Country USA		07052004 Chg-P CR2E034 (10/03)	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b>  RIVEIRO, DANIEL JR. 2413 BAYSHORE BLVD., STE. 403 TAMPA, FL 33629			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<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.</b>					
SIGNATURE: <i>Daniel Riveiro Jr.</i>			DATE: 7/5/04		
*Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		
<b>9. Election Campaign Financing</b>			Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RIVEIRO, DANIEL JR. 2413 BAYSHORE BLVD., STE. 403 TAMPA, FL 33629		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"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
SIGNATURE: <i>Daniel Riveiro Jr.</i>			DATE: 7/5/04 83-258-8881		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		

*Attachment*  
LAW OFFICES OF  
DANIEL RIVEIRO, JR., P.A.

57064274

MAILING ADDRESS  
301 WEST PLATT ST. #400  
TAMPA, FL 33606

OFFICES:  
TAMPA,  
ZEPHYRHILLS

TELEPHONE: (813) 258.8881  
FACSIMILE: (813) 254.5727

TOLL FREE: (877) 258.4600  
WWW.RIVEROLAW.COM

ZEPHYRHILLS OFFICE  
3738 MORRIS BRIDGE ROAD  
ZEPHYRHILLS, FL 33543

July 19, 2004

Division Of Corporations  
Post Office Box 1500  
Tallahassee, Florida 32302-1500

RE: Document No. P03000087260  
2004 For Profit Corporation Annual Report

Dear Sir or Madam:

Enclosed please find my completed annual report regarding Daniel Riveiro Jr., P.A. Enclosed please find my firm check in the sum of \$550.00 as payment for your the filing fee.

Should you have any questions, please do not hesitate to contact me.

Cordially yours,

*Daniel Riveiro Jr.*  
Daniel Riveiro Jr.

DRJ:gir