

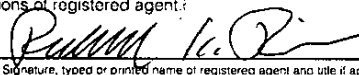
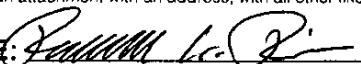


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90291 033 ***150.00

DOCUMENT # P03000100208 1. Entity Name RIVERA ENTERPRISES, INC. OF PALM COAST					
Principal Place of Business 137 FLORIDA PARK DR. N. PALM COAST, FL 32137-8314				Mailing Address 137 FLORIDA PARK DR. N. PALM COAST, FL 32137-8314	
2. Principal Place of Business 144 Joyelle Circle Suite, Apt. #, etc.		3. Mailing Address P.O. Box 352586 Suite, Apt. #, etc.			
City & State Daytona Beach FL Zip 32124		City & State Palm Coast FL Zip 32135		4. FEI Number 20-0256099	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RIVERA, RONALD K 137 FLORIDA PARK DR. N. PALM COAST, FL 32137-8314				7. Name and Address of New Registered Agent Name Rivera Ronald K. Street Address (P.O. Box Number is Not Acceptable) 144 Joyelle Circle City Daytona Beach FL Zip Code 32124	
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  26 April 06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 D NAME RIVERA, ADRENE L STREET ADDRESS 137 FLORIDA PARK DR. N. CITY-ST-ZIP PALM COAST, FL 321378314	<input type="checkbox"/> Delete		TITLE D NAME Rivera Ronald K. STREET ADDRESS 144 Joyelle Circle CITY-ST-ZIP Daytona Beach FL 32124	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE D NAME Rivera Adrene L. STREET ADDRESS 144 Joyelle Circle CITY-ST-ZIP Daytona Beach FL 32124	<input checked="" 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	
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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	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  Ronald K. Rivera 26 April 06 (386) 274-5015 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					