

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2006 8:00 am
Secretary of State

03-09-2006 90161 011 ***150.00

DOCUMENT # P03000101611					
1. Entity Name RIVAS GENERAL MAINTENANCE, INC.					
Principal Place of Business 807 NE 214 LANE NORTH MIAMI, FL 33179			Mailing Address 807 NE 214 LANE NORTH MIAMI, FL 33179		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 35-2214576	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent RIVAS, MILTON 807 NE 214 LANE NORTH MIAMI, FL 33179				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				City	
State				State	
Zip Code				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 reinstating)					
DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Trust Fund Contribution. Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE PD	<input type="checkbox"/> Delete				
NAME RIVAS, MILTON					
STREET ADDRESS 807 NE 214 LANE					
CITY-ST-ZIP NORTH MIAMI, FL 33179					
TITLE VD	<input type="checkbox"/> Delete				
NAME RIVAS, CONSUELO					
STREET ADDRESS 807 NE 214 LANE					
CITY-ST-ZIP NORTH MIAMI, FL 33179					
TITLE 	<input type="checkbox"/> Delete				
NAME 					
STREET ADDRESS 					
CITY-ST-ZIP 					
TITLE 	<input type="checkbox"/> Delete				
NAME 					
STREET ADDRESS 					
CITY-ST-ZIP 					
TITLE 	<input type="checkbox"/> Delete				
NAME 					
STREET ADDRESS 					
CITY-ST-ZIP 					
TITLE 	<input type="checkbox"/> Delete				
NAME 					
STREET ADDRESS 					
CITY-ST-ZIP 					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME 					
STREET ADDRESS 					
CITY-ST-ZIP 					
TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME 					
STREET ADDRESS 					
CITY-ST-ZIP 					
TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME 					
STREET ADDRESS 					
CITY-ST-ZIP 					
TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME 					
STREET ADDRESS 					
CITY-ST-ZIP 					
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 another like empowered.					
SIGNATURE:					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					