2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

02-19-2007 90043 007 ***150.00 DOCUMENT # P03000101611 RIVAS GENERAL MAINTENANCE, INC. Principal Place of Business Mailing Address 807 NE 214 LANE 807 NE 214 LANE NORTH MIAMI, FL 33179 NORTH MIAMI, FL 33179 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01272007 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For 35-2214576 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6:-Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RIVAS, MILTON Street Address (P.O. Box Number is Not Acceptable) 807 NE 214 LANE NORTH MIAMI, FL 33179 Zip Code its 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 8. The above nam the obligations SIGNATURE, of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! PEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD TITLE Delete TITLE ☐ Change ☐ Addition RIVAS, MILTON NAME NAME STREET ADDRESS 807 NE 214 LANE STREET ADDRESS CITY-ST-ZIP NORTH MIAMI, FL 33179 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition RIVAS, CONSUELO NAME NAME STREET ADDRESS 807 NE 214 LANE STREET ADDRESS CITY-ST-ZIP NORTH MIAMI, FL 33179 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITUE Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Hing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information the and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director and to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if all other like empowered. I hereby certify that the information indicated on this report or supplem of the corporation or the receiver or changed, or on an attachment with

ME OF SIGNING OFFICER OR DIRECTOR

FILED Feb 19, 2007 8:00 am

Secretary of State

Daytime Phone #