

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jul 20, 2005 8:00 am**  
**Secretary of State**

05-12-2005 90247 009 \*\*\*563.75

**DOCUMENT # P03000114132**

1. Entity Name  
**G.D.A.D. RIVERA, INC.**



Principal Place of Business  
**6809 LONG MEADE LANE  
ORLANDO FL 32822**

Mailing Address  
**6809 LONG MEADE LANE  
ORLANDO FL 32822**

2. Principal Place of Business  
**G.D.A.D. RIVERA, INC.**

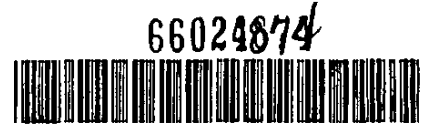
3. Mailing Address  
**G.D.A.D. RIVERA, INC.**

Suite, Apt. #, etc.  
**6809 LONG MEADE LANE**

City & State  
**ORLANDO FL**

Zip  
**32822**

Country



1st MOORE CR2E034 (10/04)

4. FEI Number  
**20-0354161**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**CASTILLO, DAVID  
ALL ALLIANCE INSURANCE, INC.  
515 M SEMORAN BLVD  
ORLANDO FL 32807**

7. Name and Address of New Registered Agent  
Name  
**G.D.A.D. RIVERA, INC.**  
Street Address (P.O. Box Number is Not Acceptable)  
**6809 LONG MEADE LANE**  
City  
**ORLANDO FL** Zip Code  
**32822**

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 *[Signature]* (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☒ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RIVERA, RICARDO 6809 LONG MEADE LANE ORLANDO FL 32822 <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	V BARCELO, ELVA 1520 NORTHWAY 116 TERR MIAMI FL 33167 <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	New <input type="checkbox"/> Delete 7525 for de soto	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	#1005 onlando <input type="checkbox"/> Delete 32822	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	tele. 407-427-6907 Please call <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		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 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.

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #