


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000118229
 1. Entity Name
 RIVAROLA ANTIQUES USA, INC.



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| Principal Place of Business 4651 S.W. 97 COURT MIAMI, FL 33165 | Mailing Address 4651 S.W. 97 COURT MIAMI, FL 33165 |
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01202005 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 20-0687568 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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

6. Name and Address of Current Registered Agent
 HANSON, WILLIAM L VP
 4651 S.W. 97 COURT
 MIAMI, FL 33165

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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 here for use and name of registered agent and the date of signature. (If the registered agent is a corporation, the name of the corporation.)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

100000302030
 04/13/05-80056-008 150.00

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY ST ZIP | P RIVAROLA, MARIA I P 4651 S.W. 97 COURT MIAMI, FL 33165 |
| TITLE NAME STREET ADDRESS CITY ST ZIP | VP HANSON, WILLIAM L VP 4651 S.W. 97 COURT MIAMI, FL 33165 |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Sect on 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 a other, be empowered.

SIGNATURE: *William L. Hanson* **WILLIAM L. HANSON** 4-11-05 305.554.1448
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR