

# **2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P03000134113

Entity Name: LUIS A. RIVAS INC

**FILED**  
**May 06, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

2420 KENNESAW STREET  
FT. MYERS, FL 33901

**New Principal Place of Business:**

**Current Mailing Address:**

2420 KENNESAW STREET  
FT. MYERS, FL 33901

**New Mailing Address:**

FEI Number: 20-0399541

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RIVAS, LUIS A  
2420 KENNESAW STREET  
FT. MYERS, FL 33901 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: RIVAS, LUIS A  
Address: 2420 KENNESAW STREET  
City-St-Zip: FT. MYERS, FL 33901

Title: VP  
Name: RAMIREZ, JOSE O  
Address: 11583 DEAN STREET  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: S  
Name: JIMENEZ, CARLOS A  
Address: 2420 KENNESAW STREET  
City-St-Zip: FORT MYERS, FL 33901

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LUIS A RIVAS

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05/06/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date