
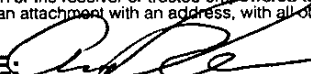


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 17, 2005 8:00 am**  
**Secretary of State**

07-06-2005 90033 014 \*\*\*150.00

<b>DOCUMENT # P03000151397</b> 1. Entity Name <b>RIVERA'S FLOORING ENTERPRISES, INC.</b>					
Principal Place of Business <b>6841 59TH WAY N</b> <b>PINELLAS PARK, FL 33781 US</b>			Mailing Address <b>6841 59TH WAY N</b> <b>PINELLAS PARK, FL 33781 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	08122005    Chg-P    CR2E034 (10/03)	
4. FEI Number <b>20-0482117</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>RIVERA, ANDREW J</b> <b>6841 59TH WAY N</b> <b>PINELLAS PARK, FL 33781</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P.D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RIVERA, ANDREW J		NAME		
STREET ADDRESS	6841 59TH WAY N		STREET ADDRESS		
CITY-ST-ZIP	PINELLAS PARK, FL 33781		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b> 			<b>ANDREW J. RIVERA</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <b>8/12/05</b> Daytime Phone # <b>727-548-7441</b>		

ATTACHMENT 66 025877



**Harry H. Rabb, CPA**  
935 Main Street, Suite D-1  
Safety Harbor, Florida 34695  
Phone 727-725-4121

August 15, 2005

Florida Department of State  
Division of Corporations  
PO Box 1500  
Tallahassee, FL 32302-1500

Dear Sir or Madam:

This letter is written with respect to Rivera's Flooring Enterprises, Inc., FEI 20-0482117, Florida Document Number P03000151397 (the "Filer") and in response to the return of a previously filed 2005 For Profit Corporation Annual Report (the "Report") which was subsequently returned by the Florida Department of State (the "Department") due to perceived late filing.

The Filer did not receive the first notice of required filing and was unaware of the requirement to so state. His major consideration was ensuring his continued corporate status and the filing of the Report. In accordance with Florida Statute section 607.193(2)(b), the Report is hereby submitted with the required notation.

It is requested that the enclosed fully executed Report be accepted and that the filing fee retained by the Department be applied to this Report without any assessed late fees.

Your cooperation is greatly appreciated. If you have any questions, please do not hesitate to contact the undersigned, CPA for the Filer.

Sincerely,

Harry H. Rabb, CPA



American Institute of Certified Public Accountants  
Florida Institute of Certified Public Accountants