

2005 FOR PROFIT CORPORATION ANNUAL REPORT


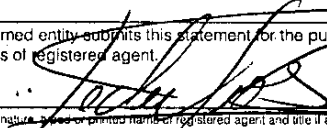
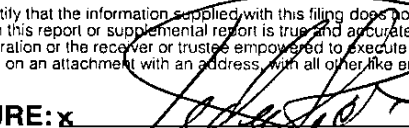
FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90352 034 ***150.00

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04222005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000001947					
1. Entity Name MAXIMO RIVAS CORP					
Principal Place of Business 11780 SW 18 ST 427 MIAMI, FL 33175			Mailing Address 11780 SW 18 ST 427 MIAMI, FL 33175		
2. Principal Place of Business 11775 S.W. 18 ST. Suite, Apt. #, etc. # 8			3. Mailing Address 11775 S.W. 18 ST. Suite, Apt. #, etc. # 8		
City & State MIAMI FL		City & State MIAMI FL		4. FEI Number 20-0574905	
Zip 33175		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RIVAS, MAXIMO F. 11780 SW 18 ST 427 MIAMI, FL 33175			7. Name and Address of New Registered Agent Name RIVAS, MAXIMO F. Street Address (P.O. Box Number is Not Acceptable) 11775 S.W. 18th ST. # 8 City MIAMI FL Zip Code 33175		
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: 				DATE 4/22/05	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE MR NAME RIVAS, MAXIMO F. STREET ADDRESS 11780 SW 18 ST APT# 427 CITY-ST-ZIP MIAMI, FL 33175			TITLE M, P S NAME RIVAS, MAXIMO F. STREET ADDRESS 11775 S.W. 18 ST. # 8 CITY-ST-ZIP MIAMI, FL 33175		
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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:  MAXIMO F. RIVAS				DATE 4/22/05 (305) 552-7518	