Aug. 5. 2005 10:27AM Corpotax, Inc.

FILED
Aug 09, 2005 8:00 am
Secretary of State

05-03-2005 90099 039 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000017531

1. Entity Name
RIVERA DISTRIBUTION INC.

66025670

Principal Place of Business	Mailing Address
440 10TH STREET NE NAPLES, FL 34120	440 10TH STREET NE NAPLES, FL 34120

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

04122005 Chg-P CR2E034 (10/03)

4. FEI Number 38-3696570 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RIVERA, ANTONIA
440 10TH STREET NE
NAPLES, FL 34120

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 obligation of registered agent.

SIGNATURE [signature] 8-5-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P RIVERA, ANTONIA 440 10TH STREET NE NAPLES, FL 34120	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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] 8-5-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

Q60256 70

P04 00017537

COPY

** TOTAL PAGE.01 **

ATT: Jorge Banos.

RIVERA DISTRIBUTION INC. 05-04 40079262 1237

239-877-8091
440 10TH ST. N.E.
NAPLES, FL 34120-2057

DATE 4-25-05

PAY TO THE ORDER OF Division of Corporation $ 150.00

one hundred fifty 00/100 DOLLARS

Bank of America

FOR # P04000017537 Antonio Rivera

DEPARTMENT OF STATE
FOR DEPOSIT ONLY
ACCT.# 100906897998
MAY 03 2005

4775 04517

BANK OF AMERICA, NA
CHARLOTTE, NC

053000196

JUL 19 2005 16:13 FR BANK OF AMERICA