

2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90214 043 \*\*\*150.00

DOCUMENT # **P04000027715**

1. Entity Name

RIVADAVIA III, INC.

**DO NOT WRITE IN THIS SPACE**

40081382

2. Principal Place of Business  
1247 ALTON RD

3. Mailing Address  
1247 ALTON RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
MIAMI BEACH, FL

City & State  
MIAMI BEACH, FL

4. FEI Number  
20-0831526

Applied For  
Not Applicable

Zip Country  
33139

Zip Country  
33139

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
HURTADO, DANIEL H.

Street Address (P.O. Box Number is Not Acceptable)  
7999 NW 53 STREET

City  
DORAL

FL

Zip Code  
33166

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

DANIEL H. HURTADO

04/29/2006

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST GERSON, OSVALDO D 1247 ALTON RD MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GERSON, OSVALDO D 1247 ALTON RD MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GERSON, IRINA DEBORA 1247 ALTON RD MIAMI BEACH, FL 33139
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

IRINA DEBORA GERSON

3/24/2006

305-715-9920

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #