

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 19, 2005 8:00 am**  
**Secretary of State**

07-19-2005 90036 041 \*\*\*150.00

<b>DOCUMENT #</b> P04000029678	
<b>1. Entity Name</b>	
SAM RIVERA CORPORATION	

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 5700 SW 34TH STREET Suite, Apt. #, etc.		<b>3. Mailing Address</b> 5700 SW 34TH STREET Suite, Apt. #, etc.	
<b>City &amp; State</b> DAVIE, FL		<b>City &amp; State</b> DAVIE FL	
<b>Zip</b> 33314	<b>Country</b> BROWARD	<b>Zip</b> 33314	<b>Country</b> USA

<b>4. FEI Number</b> 56-2431638	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**50055968**

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<b>7. Name and Address of Current Registered Agent</b>	
<b>Name</b> SAM RIVERA	
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 5700 SW 34TH STREET	
<b>City</b> DAVIE	<b>Zip Code</b> 33314

<b>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.</b>	
<b>SIGNATURE</b> <i>S. Rivera</i>	<b>SAM RIVERA</b>
<b>7/15/2005</b>	

<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11.	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT SAM RIVERA 5700 SW 34TH STREET DAVIE FL 33314	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.**

<b>SIGNATURE:</b> <i>S. Rivera</i>	<b>SAM RIVERA</b>	<b>7/15/2005</b>	<b>786-317-8168</b>
<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>		<b>Date</b>	<b>Daytime Phone #</b>

ATTACHMENT # PO4000025678  
50055960

THE SAM RIVERA CORPORATION  
5700 SW 34<sup>TH</sup> STREET  
DAVIE, FL 33314-7604  
786-317-8168

Florida Department of State  
Division of Corporations  
P.O.Box 6327  
Tallahassee, Florida 32314

REF: Sam Rivera Corporation Annual Report

I am in receipt of your notice to dissolve the above corporation. Please be advised that I  
Did not receive a notice that I am required to file such a report.

Since I received your notice, I completed the necessary form and I am enclosing the  
completed annual report form together with the \$ 150.00 fee.

Thank you for your anticipated cooperation.

Very truly yours

  
Sam Rivera