


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90380 004 ***150.00

DOCUMENT # P04000029960	
1. Entity Name RIVAR INC.	

Principal Place of Business 6142 NW 115 PLACE STE 319 DORAL, FL 33178 US	Mailing Address 6142 NW 115 PLACE STE 319 DORAL, FL 33178 US
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2. Principal Place of Business 1095 SW 135 place	3. Mailing Address 1095 SW 135 place
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State miami, FL	City & State miami, FL
Zip 33184	Country USA
Zip 33184	Country USA



04052006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent VALLEJO, RICHARD 11037 W. OKEECHOBEE RD. UNIT 202 HIALEAH GARDENS, FL 33018	
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7. Name and Address of New Registered Agent	
Name Vallejo, Ricardo	Applied For <input type="checkbox"/> Not Applicable
Street Address (P.O. Box Number is Not Acceptable) 1095 SW 135 place	
City miami	FL Zip Code 33184

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: *Ricardo Vallejo* DATE: 4/12/06
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VALLEJO, ANA 6142 NW 115 PLACE #319 DORAL, FL 33178 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Vallejo, Ana 1095 SW 135 place miami, FL 33184 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VALLEJO, RICARDO 6142 NW 115 PLACE #319 DORAL, FL 33178 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Ricardo Vallejo 1095 SW 135 place miami, FL 33184 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LANGE, PATRICIA 6142 NW 115 PLACE #319 DORAL, FL 33178 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Patricia Lange 1095 SW 135 place miami, FL 33184 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Ricardo Vallejo* DATE: 4/12/06 DAYTIME PHONE: 786-586-1035
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR