


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 06, 2006 8:00 am
Secretary of State

09-06-2006 90035 036 ***155.00

DOCUMENT # P04000035593 1. Entity Name VANEGAS RIVERA CORP.	
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Principal Place of Business 4374 S.W 161 PLACE MIAMI, FL 33185 US	Mailing Address 4374 S.W 161 PLACE MIAMI, FL 33185 US
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DO NOT WRITE IN THIS SPACE



08312006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0769053	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
**VANEGAS, LUIS
4374 S.W 161 PLACE
MIAMI, FL 33185**

**DO NOT WRITE
IN THIS SPACE**

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 Luis E. Vanegas (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VANEGAS, LUIS 4374 S.W 161 PLACE MIAMI, FL 33185
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IN THIS SPACE**

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: [Signature] 8/31/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #