


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 03, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P04000039182			
1. Entity Name <b>MANUEL RIVERO, INC.</b>			
Principal Place of Business <b>1257 SW 140TH PLACE MIAMI FL 33184</b>		Mailing Address <b>1257 SW 140TH PLACE MIAMI FL 33184</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>RIVERO, MANUEL 1257 SW 140TH PLACE MIAMI FL 33184</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 obligations of registered agent)			
SIGNATURE _____ <small>Signature typed or printed name of registered agent and title if applicable</small>		DATE _____ <small>(NOTE: Registered Agent signature required when re-issuing)</small>	



1st MOORE CR2ED34 (10/05)

4. FEI Number **20-0833219** Applied For Not Applicable

5. Certificate of Status Desired  \$6.75 Additional Fee Required

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00** May be Added to Fee  
 Trust Fund Contribution

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD RIVERO, MANUEL 1257 SW 140TH PLACE MIAMI FL 33184 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
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"/> Add
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 04/18/06-80031-013 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Manuel A. Rivero Manuel A. Rivero 3/26/06 305-553-6413  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #