


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2008 8:00 am
Secretary of State

03-11-2008 90018 038 ***150.00

DOCUMENT # P04000069367

1. Entity Name
 RIVLOW, INC.



Principal Place of Business
 26546 TRUJILLO DR
 PUNTA GORDA, FL 33983

Mailing Address
~~% TEMPLE H. DRUMMOND, ESQ~~
~~6325 JACQUELINE ARBOR DR~~
~~TEMPLE TERRACE, FL 33617~~

40042809



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 46 Temple H. Drummond, Esq.
 6987 East Fowler Avenue

01232008 Chg-P CR2E034 (12/06)

City & State
 Tampa, Florida

City & State
 Tampa, Florida

Zip Country
 33617 USA

4. FEI Number
 20-1109451

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
~~DRUMMOND, TEMPLE H~~
~~400 DRUMMOND WEHLE & ROSS LLP~~
~~388 WEST BEARS AVENUE~~
~~TAMPA, FL 33613~~

7. Name and Address of New Registered Agent
 Name Temple H. Drummond, Esq.
 Street Address (P.O. Box Number is Not Applicable)
 Drummond Wehle & Ross LLP
 6987 East Fowler Avenue
 City Tampa FL Zip Code 33617

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 Temple H. Drummond Temple H. Drummond, Esq. DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11	
TITLE D	RIVERA, JUAN I 26546 TRUJILLO DR PUNTA GORDA, FL 33983	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D	RIVERA, HELEN E 26546 TRUJILLO DR PUNTA GORDA, FL 33983	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE		TITLE <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 file 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 filer employees.

SIGNATURE: Juan Rivera DATE: 3/7/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAY/MONTH/YEAR