2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000072829

1. Entity Name

RIVERCORP USA, INC.

Mailing Address

12765 FOREST HILL BOULEVARD SUITE 1302

WELLINGTON, FL 33414 US

Principal Place of Business

12765 FOREST HILL BOULEVARD SUITE 1302 WELLINGTON, FL 33414 US FILED Mar 21, 2008 08:00 A Secretary of State



DO NOT WRITE IN THIS SPACE

03172008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For Not Applieds Service Service

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARIO G. DE MENDOZA, III, P.A. 12765 FOREST HILL BOULEVARD SUITE 1302 WELLINGTON, FL 33414

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 Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating).						
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					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT JORBA, ERNESTO J 12765 FOREST HILL BLVD., SUITE 13 WELLINGTON, FL 33414	302			U00000865386 04/07/08-80026-018 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JORBA, ERNESTO J 12765 FOREST HILL BLVD., SUITE 13 WELLINGTON, FL 33414	· ·				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JORBA, OCTAVIO 12765 FOREST HILL BLVD., SUITE 1302 WELLINGTON, FL 33414			DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JORBA, OCTAVIO 12765 FOREST HILL BLVD., SUITE 13 WELLINGTON, FL 33414	302		IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS DE MENDOZA, III, MARIO G 12765 FOREST HILL BLVD., SUITE 1302 WELLINGTON, FL 33414					
TITLE NAME STREET ADDRESS CITY+ST-ZIP						

12. Thereby 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 leport 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 of true fee 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 attachmental production of the corporation of the corporati

SIGNATURE

3/17/0 K 561-784-2930