


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2005 8:00 am
Secretary of State

02-22-2005 90039 002 *****8.75
 02-22-2005 90039 001 ***150.00

DOCUMENT # P04000099674

1. Entity Name
836 RIVERSIDE CORPORATION



Principal Place of Business Mailing Address
2701 LEJEUNE RD SUITE 410 **2701 LEJEUNE RD SUITE 410**
CORAL GABLES, FL 33134 **CORAL GABLES, FL 33134**

66002419



2. Principal Place of Business 3. Mailing Address
836-844 SW 2nd STREET **4565 SW 87 AVE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
********* *********

02082005 Chg-P CR2E034 (10/03)

City & State City & State
MIAMI FLORIDA **MIAMI FLORIDA**

4. FEI Number Applied For
20-1627225 Not Applicable

Zip Country Zip Country
33130 **USA** **33165** **USA**

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

6. Name and Address of Current Registered Agent
DE OLIVEIRA, CRISTINA
2701 LEJEUNE RD SUITE 410
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	ADDRESS	<input checked="" type="checkbox"/> Delete
P	MESA, RAMON	2701 LEJEUNE RD SUITE 410 CORAL GABLES, FL 33134	<input checked="" type="checkbox"/>
S	MESA, ROBERTO	2701 LEJEUNE RD SUITE 410 CORAL GABLES, FL 33134	<input checked="" type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	ADDRESS	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
P	MESA, RAMON	5810 SW 7 STREET MIAMI FLORIDA 33144	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S	MESA, ROBERTO	4565 SW 87 AVE MIAMI FLORIDA 33165	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/14/05 **305 264-1400**
Date Daytime Phone #