


# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # P04000114984</b> 1. Entity Name <b>RIOMUR CORP</b>					
Principal Place of Business <b>1701 N.W. 119 STREET MIAMI, FL 33167 US</b>			Mailing Address <b>1701 N.W. 119 STREET MIAMI, FL 33167 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>76-0764381</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>ALVAREZ AND ASSOCIATES 2828 CORAL WAY SUITE # 300 MIAMI, FL FL</b>				7. Name and Address of New Registered Agent Name <b>Jose Carrera</b> Street Address (P.O. Box Number is Not Acceptable) <b>1701 NW 119 Street</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33167</b>	
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 <u>Jose Carrera</u> DATE <u>11/28/06</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>RIOS, JORGE C</b> <b>12617 SW 73 TERR</b> <b>MIAMI, FL 33183</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>Rios, Jorge C-</b> <b>12617 SW 73 Terrace</b> <b>Miami, FL 33183</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/Tr <b>Jose Carrera</b> <b>1701 NW 119 Street</b> <b>Miami, FL 33167</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <b>Zoraida Carrera</b> <b>1701 NW 119 Street</b> <b>Miami, FL 33167</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>200082549042</b> <b>12/14/06--01042--001 **61.25</b>		
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"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>12/15/06</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied within this filing does not qualify for the exemptions contained in Chapter 113, Florida Statutes, and 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 my name is in the report; 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: <u>Jose Carrera, President</u> DATE <u>11/28/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

FILED  
2006 DEC 14 AM 11:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



11142006 Chg-P CR2E034 (11/05)