2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005 8:00 am
Secretary of State
03-31-2005 90052 038 ***150.00

DOCUMENT # P04000121638

1. Entity Name
RIVAS OSORIO CORP

Principal Place of Business	Mailing Address
2209 SR 7 THOMAS ST HOLLYWOOD, FL 33024	2209 SR 7 THOMAS ST HOLLYWOOD, FL 33024

03212005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
	66-00 Coolidge st
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Hollywood F.L
Zip / Country	Zip: 33024 / Country

4. FEI Number: 20-1530576 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RIVAS, NELSON
2209 SR 7 THOMAS ST
HOLLYWOOD, FL 33024

7. Name and Address of New Registered Agent

Name: Dora Puerta
Street Address (P.O. Box Number is Not Acceptable): 66 00 coolidge st
City: Hollywood FL Zip Code: 33024

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] Dora Puerta. 3/23/05.
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP RIVAS, NELSON D 2209 SR 7 THOMAS ST HOLLYWOOD, FL 33024	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D+P PUERTA, DORA E 2209 SR 7 THOMAS ST HOLLYWOOD, FL 33024	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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] Dora Puerta President. 3/23/05 (954) 983-9850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #