

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90098 007 ***158.75

DOCUMENT # P04000153355 1. Entity Name FOUR RIVERS INVESTMENTS INC.					
Principal Place of Business 3560 E 4TH AVE HIALEAH, FL 33013			Mailing Address 3560 E 4TH AVE HIALEAH, FL 33013		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
AMORES, CARIDAD 294 WESTWARD DR MIAMI SPRINGS, FL 33166			Name BELKIS RIVERO Street Address (P.O. Box Number is Not Acceptable) 3560 E. 4th Ave. City HIALEAH FL 33013		
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><i>Belkis Rivero</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>2/1/5</u>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	<input type="checkbox"/> Delete		TITLE P NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT BELKIS RIVERO 3560 E. 4th AV. HIALEAH, FL 33013	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE V NAME STREET ADDRESS CITY-ST-ZIP	VICE - PRESIDENT RUBEN RIVERO 3560 E. 4th AV. HIALEAH, FL 33013	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE S NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY BELKIS RIVERO 3560 E. 4 AV. HIALEAH, FL 33013	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE T NAME STREET ADDRESS CITY-ST-ZIP	TREASURER BELKIS RIVERO 3560 E. 4 AV. HIALEAH, FL 33013	
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	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Belkis Rivero</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			BELKIS RIVERO <u>2/1/05</u> <u>(786) 252-9900</u> Date Daytime Phone #		

50011544



01232005 Chg-P CR2E034 (10/03)

4. FEI Number **41-2161043** Applied For ☐ Not Applicable ☒

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