

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90213 013 ***150.00

DOCUMENT # P04000159875	
1. Entity Name	
RIVADAVIA 5900, INC.	

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2. Principal Place of Business 1247 ALTON RD		3. Mailing Address 1247 ALTON RD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI BEACH, FL		City & State MIAMI BEACH, FL	
Zip 33139	Country	Zip 33139	Country

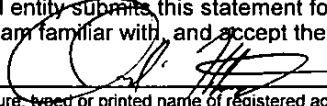
4. FEI Number 20-1970714	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent	
Name HURTADO, DANIEL H.	
Street Address (P.O. Box Number is Not Acceptable) 7999 NW 53 STREET	
City DORAL	Zip Code 33166

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 	DANIEL H. HURTADO

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 04/29/2006

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.
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10. OFFICERS AND DIRECTORS				11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST GIGLIO, OSVALDO G. 1247 ALTON RD MIAMI BEACH, FL 33139		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIGLIO, OSVALDO G. 1247 ALTON RD MIAMI BEACH, FL 33139		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GERSON, IRINA DEBORA 1247 ALTON RD MIAMI BEACH, FL 33139		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: 	IRINA DEBORA GERSON	3/24/2006	305-715-9920
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #