
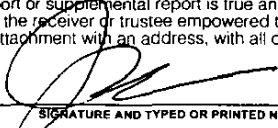


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2006 8:00 am
Secretary of State

05-22-2006 90042 011 ***150.00

DOCUMENT # P05000045578 1. Entity Name JAMES RIVAS, INC.					
Principal Place of Business 1022 S.W. 22ND. AVENUE FT. LAUDERDALE, FL 33312			Mailing Address 113 NORTH FEDERAL HIGHWAY DANIA BEACH, FL 33004		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
6. Name and Address of Current Registered Agent ADAMS, GERALD J II 113 NORTH FEDERAL HIGHWAY DANIA BEACH, FL 33004					
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		
	P,VP	RIVAS, JAMES	1022 S.W. 22ND. AVENUE	FT. LAUDERDALE, FL 33312	<input type="checkbox"/> Delete
	T,D	RIVAS, JAMES	1022 S.W. 22ND. AVENUE	FT. LAUDERDALE, FL 33312	<input type="checkbox"/> Delete
	S	RIVAS, JAMES	1022 S.W. 22ND. AVENUE	FT. LAUDERDALE, FL 33312	<input type="checkbox"/> Delete
					<input type="checkbox"/> Delete
					<input type="checkbox"/> Delete
					<input type="checkbox"/> Delete
					<input type="checkbox"/> Delete
					<input type="checkbox"/> Delete
					<input type="checkbox"/> Delete
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
					<input type="checkbox"/> Change <input type="checkbox"/> Addition
					<input type="checkbox"/> Change <input type="checkbox"/> Addition
					<input type="checkbox"/> Change <input type="checkbox"/> Addition
					<input type="checkbox"/> Change <input type="checkbox"/> Addition
					<input type="checkbox"/> Change <input type="checkbox"/> Addition
					<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  5/16/06 954-446-3412 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

