

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AFR)

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90049 037 ***150.00

DOCUMENT # P05000052766

1. Entity Name

ANABELL RIVERA P.A.



Principal Place of Business

1906 CLINT MOORE ROAD
SUITE 4
BOCA RATON FL 33496

Mailing Address

6675 SOUTH ORIOLE BLVD
F 102
DELRAY BEACH FL 33446



2. Principal Place of Business - No P.O. Box #

2250 Blades Road

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Boca Raton Florida

City & State

4. FEI Number NO-T APPLICABLE

☐ Applied For
☐ Not Applicable

Zip
33431

Country
U.S.A.

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RIVERA, ANABELL
6675 SOUTH ORIOLE BLVD
F 102
DELRAY BEACH FL 33446

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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
P
RIVERA, ANABELL
6675 SOUTH ORIOLE BLVD., F 102
DELRAY BEACH FL 33446 ☐ Delete

TITLE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Signature, typed or printed name of signing officer or director
Anabel V. Rivera

4/2/2007 561-716-4727