## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Mar 23, 2006 8:00 am Secretary of State

1. Entity Nam RIVA'S C	ie	# P0500008	7764			300	03-23-2006 9	90002 00	4 ***15	0.00
Principal Place of Business 540 NW 165 STREET RD. 310			Mailing Address 540 NW 165 STREET RD. 310			400368	) (			
MIAMI, FL 33169			MIAMI, FL 33169							11111111111111111111111111111111111111
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #. etc.		03102006	Chg-P	CR2E034	4 (11/05)			
City & State		City & State			4. FEI Numbe	4500477		_ <del></del>	pplied For at Applicable	
Zip		Country	Zip	Cour	ntry	5. Certificate of	of Status Desired		8.75 Add se Required	
	6. Name	and Address of Curren	t Registered Agent		Name	7. Name and	Address of New Re	gistered Ag	jent	
PEICHER, LEO						s (P.O. Box Numbe	r is Not Acceptable)	<u>.</u> I		·
310 MIAMI, FL	٠.	.,								
iviiAivii, FL	33103				City			FL	Zip Code	е
The above named entity submits this statement for the purpose of changing its register.						tered agent, or both	n, in the State of Flor		<u> </u>	
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SIGNATURE	Signature, typed	or printed name of registered ages	nt and title if applicable. (NO	TE: Registere	ed Agent signature requi	ired when reinstating)		DATE		···················,
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Thereby certify that the information supplied with this filling does not quality for the exemptions contained in chapter 119, minute statutes information indicated on this report or supplied into an 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR