## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000113878

Entity Name: LARRIVA & MACHADO CORPORATION

FILED Feb 04, 2008 Secretary of State

438 BEIRA PL

LEHIGH ACRES, FL 33936

438 BEIRA PL LEHIGH ACRES, FL 33974

**New Mailing Address:** 

438 BEIRA PL

438 BEIRA PL

LEHIGH ACRES, FL 33936

**Current Mailing Address:** 

LEHIGH ACRES, FL 33974

FEI Number: 20-3342372 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TAX HOUSE CORPORATION 1261 E SAMPLE RD

US POMPANO BEACH, FL 33064

TAX HOUSE CORPORATION 1100 S FEDERAL HWY - 2ND FLOOR DEERFIELD, FL 33441

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.

SIGNATURE: TAX HOUSE CORPORATION

02/04/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: ( ) Delete

LARRIVA BASSANTE, GUIDO A Name:

438 BEIRA PL Address:

City-St-Zip: LEHIGH ACRES, FL 33936

Title: () Delete

Name:

Address:

City-St-Zip:

Title: () Delete

Name: Address:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change ( ) Addition

LARRIVA BASSANTE, GUIDO A P Name:

438 BEIRA PL Address:

City-St-Zip: LEHIGH ACRES, FL 33974

Title: VΡ ( ) Change (X) Addition

Name: MOLINA, MARTHA P VP

438 BEIRA PL Address:

LEHIGH ACRES, FL 33974 City-St-Zip:

Title: ( ) Change (X) Addition Name: LARRIVA, GUIDO S D

Address: 438 BEIRA PL

City-St-Zip: LEHIGH ACRES, FL 33974

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Ρ SIGNATURE: GUIDO LARRIVA 02/04/2008