


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000126443		
1. Entity Name RIVERSIDE MOTORCARS INC.		
Principal Place of Business 726 DIXIE FREEWAY NEW SMYRNA BEACH, FL 32168	Mailing Address 726 DIXIE FREEWAY NEW SMYRNA BEACH, FL 32168	



04212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3476102	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

WALDEN LAKE BUSINESS SERVICES INC.
304 E. BAKER ST.
SUITE D
PLANT CITY, FL 33563

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000916613
05/13/08-80008-003 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CARVELLO, FRANK SR
STREET ADDRESS	726 DIXIE FREEWAY
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168
TITLE	V
NAME	CARVELLO, FRANK JR
STREET ADDRESS	726 DIXIE FREEWAY
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168
TITLE	D
NAME	COLLIER, TIMOTHY J
STREET ADDRESS	726 DIXIE FREEWAY
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Timothy J Collier
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/21/08 386 428-7411