

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000129822

**FILED**  
**Mar 24, 2006**  
**Secretary of State**

**Entity Name:** RIVERA CLEANING AND UPHOLSTERY SERVICES, INC

**Current Principal Place of Business:**

16403 CYPRESS MULCH CIR  
1905  
TAMPA, FL 33624

**New Principal Place of Business:**

16403 CYPRESS MULCH CR  
1925  
TAMPA, FL 33624

**Current Mailing Address:**

16403 CYPRESS MULCH CIR  
1905  
TAMPA, FL 33624

**New Mailing Address:**

**FEI Number:** 20-4316443      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

RIVERA, ROSA D  
16403 CYPRESS MULCH CIR  
1905  
TAMPA, FL 33624 US

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

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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( )**

**OFFICERS AND DIRECTORS:**

**Title:** P ( ) Delete  
**Name:** RIVERA, ROSA D  
**Address:** 16403 CYPRESS MULCH CIR # 1905  
**City-St-Zip:** TAMPA, FL 33624 US

**Title:** ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** P (X) Change ( ) Addition  
**Name:** RIVERA, ROSA D  
**Address:** 1835 RAVEN GLEN DR  
**City-St-Zip:** RUSKIN, FL 33570 US

**Title:** SEC ( ) Change (X) Addition  
**Name:** RIVERA, ROSA D  
**Address:** 1835 RAVEN GLEN DR  
**City-St-Zip:** RUSKIN, FL 33570 US

I hereby certify that the information supplied with this filing does not qualify for the 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.

**SIGNATURE:** ROSA D RIVERA

P

03/24/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date