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Feb 28, 2006 8:00 am
Secretary of State
02-10-2006 90002 028 ***150.00

2006 FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000141773

1. Entity Name
RIVER LAKE HOLDINGS, INC.

Principal Place of Business	Mailing Address
3785 NW 82 AVE STE 417 MIAMI, FL 33166	3785 NW 82 AVE STE 417 MIAMI, FL 33166

01272006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
10125 NW 87 Avenue	10125 NW 87 Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Medley, FL	City & State: Medley, FL
Zip: 33178 Country: USA	Zip: 33178 Country: USA

4. FEI Number: 20-3656461 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BELLO, SYLVIA
3785 NW 82 AVE
STE 417
MIAMI, FL 33166

7. Name and Address of New Registered Agent

Name: Sylvia M. Bello
Street Address (P.O. Box Number is Not Acceptable): 10125 NW 87 Avenue
City: Medley FL Zip Code: 33178

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: Sylvia M. Bello, Pres. DATE: 1/31/06
Signature, typed or printed name of registered agent and title if applicable: Sylvia M. Bello, Pres.
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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	PSD ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	BELLO, SYLVIA	NAME	
STREET ADDRESS	3785 NW 82 AVE - STE 417	STREET ADDRESS	14171 Leaning Pine Dr.
CITY-ST-ZIP	MIAMI, FL 33166	CITY-ST-ZIP	Miami Lakes, FL 33014
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Sylvia M. Bello 1/31/06 305-345-0795
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Sylvia M. Bello | Date | Daytime Phone #