


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

|  |   |
|--|---|
| <b>DOCUMENT # P05000168071</b><br>1. Entity Name<br><b>MIGUEL A. RIVA, CORP.</b> |  |
|--|---|

|   |   |
|---|---|
| Principal Place of Business<br><b>7550 SW 67TH AVENUE<br/>SOUTH MIAMI, FL 33143</b> | Mailing Address<br><b>7550 SW 67TH AVENUE<br/>SOUTH MIAMI, FL 33143</b> |
|---|---|

**DO NOT WRITE IN THIS SPACE**

**FILED  
Jun 23, 2008 08:00 AM  
Secretary of State**



06202008 No Chg-P CR2E034 (11/05)

|   |  |
|---|--|
| 4. FEI Number<br><b>20-4025168</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

**6. Name and Address of Current Registered Agent**

**RIVA, MIGUEL A  
7550 SW 67TH AVENUE  
SOUTH MIAMI, FL 33143**

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**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

**9. Election Campaign Financing  
Trust Fund Contribution.**  **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P<br/>RIVA, MIGUEL A<br/>7550 SW 67 AVENUE<br/>SOUTH MIAMI, FL 33143</b>       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VP<br/>RIVA-RINCON, LARA M<br/>7550 SW 67 AVENUE<br/>SOUTH MIAMI, FL 33143</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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06/23/08-80001-023 150.00

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**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:** LARA M. RIVA-RINCON 6/20/08 305 740 3495  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #