

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000071011

Entity Name: JUAN R. RIVERA, J.D., P.A.

FILED  
Feb 17, 2010  
Secretary of State

**Current Principal Place of Business:**

19101 LARCHMONT DR.  
ODESSA, FL 33556

**New Principal Place of Business:**

19101 LARCHMONT DR.  
ODESSA, FL 33556 US

**Current Mailing Address:**

19101 LARCHMONT DR.  
ODESSA, FL 33556

**New Mailing Address:**

19101 LARCHMONT DR.  
ODESSA, FL 33556 US

FEI Number: 51-0584584

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RIVERA, JUAN R  
19101 LARCHMONT DR.  
ODESSA, FL 33556 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: MR  
Name: RIVERA, JUAN R J.D.  
Address: 19101 LARCHMONT DR.  
City-St-Zip: ODESSA, FL 33556

Title: MRS  
Name: RIVERA, PURA A  
Address: 19101 LARCHMONT DR.  
City-St-Zip: ODESSA, FL 33556 US

I hereby 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 all other like empowered.

SIGNATURE: JUAN R. RIVERA

MR

02/17/2010

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

\_\_\_\_\_ Date