

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90028 010 ***150.00

DOCUMENT # P06000099959

1. Entity Name
RIO VISTA MANAGER, INC.



Principal Place of Business
**155 SOUTH MIAMI AVENUE
850
MIAMI, FL 33130**

Mailing Address
**155 SOUTH MIAMI AVENUE
850
MIAMI, FL 33130**

2. Principal Place of Business - No P.O. Box #
**2828 Coral Way
Suite, Apt. #, etc.
500**

3. Mailing Address
**2828 Coral Way
Suite, Apt. #, etc.
500**

City & State
MIAMI FL

City & State
MIAMI FL

Zip
33145

Country
U.S.

Zip
33145

Country
U.S.

01162008 Chg-P CR2E034 (12/06)

4. FEI Number
APPLIED FOR

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**COHEN, GARY J
201 SOUTH BISCAYNE BOULEVARD
1600 MIAMI CENTER
MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name **Berman, Stephanie**
Street Address (P.O. Box Number is Not Acceptable)
**2828 Coral Way
500**
City **MIAMI** FL Zip Code **33145**

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 **Stephanie Berman**
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1/24/08
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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BERMAN, STEPHANIE	
STREET ADDRESS	155 SOUTH MIAMI AVENUE, SUITE 850	
CITY - ST - ZIP	MIAMI, FL 33130	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2828 Coral Way #500	
CITY - ST - ZIP	MIAMI, FL 33145	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Stephanie Berman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/08
Date

305-371-8300
Daytime Phone #