#### 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

### **DOCUMENT # P06000119604**

1. Entity Name

RIVERBANK INVESTMENTS, INC.



Principal Place of Business

Mailing Address

20816 S DIXIE HWY MIAMI, FL 33189

20816 S DIXIE HWY MIAMI, FL 33189

# **FILED** May 05, 2008 8:00 am Secretary of State

05-05-2008 90263 014 \*\*\*158.75

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04302008 No Chg-P CR2E034 (11/05)

5 Certificate of Status Desired	121	\$8.75 Additional
20-5557516		Not Applicab
4. FEI Number		Applied For

Fee Required

JIMENEZ, REGINA-20816 S DIXIE HWY MIAMI, FL 33189

6. Name and Address of Current Registered Agent

## DO NOT WRITE IN THIS SPACE

			l		
	named entity submits this statement for the p ions of registered agent.	urpose of changing its register	ed office or r	egistered agent, or both, in	the State of Florida. 1 am familiar with, and accept
SIGNATURE_	•				
0.0.0.0.0.0.0.	Signature, typed or printed name of registered agent and title of	applicable. (NOTE: Registere	d Agent signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Final Trust Fund Contribution.		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JIMENEZ, REGINA 15335 SW 268 ST HOMESTEAD, FL 33032				

TITI F NAME HAMMER, LEVONIA STREET ADDRESS 20816 SOUTH DIXIE HWY #100 CITY-ST-ZIP MIAMI, FL 33189 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET AODRESS CITY-ST-7IP TITLE NAME STREET ADORESS

## DO NOT WRITE IN THIS SPACE

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:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

MUNDY
PRINTED NAME OF SIGNING OFFICER OR DIRECTOR