

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 27, 2008 8:00 am**  
**Secretary of State**

04-16-2008 90027 009 \*\*\*150.00

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| <b>DOCUMENT # P07000015786</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                 |                                                                                            |                                                                                                                                                                                                                                       |                                                                                                                                                                |                         |
| <b>1. Entity Name</b><br>RIBERA ENTERPRISE, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                 |                                                                                            |                                                                                                                                                                                                                                       |                                                                                                                                                                |                         |
| <b>Principal Place of Business</b><br>5591 W. 2ND CT<br>HIALEAH, FL 33012                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                 |                                                                                            | <b>Mailing Address</b><br>5591 W. 2ND CT<br>HIALEAH, FL 33012                                                                                                                                                                         |                                                                                                                                                                |                         |
| <b>2. Principal Place of Business - No P.O. Box #</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                 | <b>3. Mailing Address</b>                                                                  |                                                                                                                                                                                                                                       |                                                                                                                                                                |                         |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                 | Suite, Apt. #, etc.                                                                        |                                                                                                                                                                                                                                       |                                                                                                                                                                |                         |
| <b>City &amp; State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                 | <b>City &amp; State</b>                                                                    |                                                                                                                                                                                                                                       |                                                                                                                                                                |                         |
| <b>Zip</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>Country</b>                  | <b>Zip</b>                                                                                 | <b>Country</b>                                                                                                                                                                                                                        | <b>4. FEI Number</b><br><div style="font-size: 1.2em; font-weight: bold;">20-8420696</div> <div style="font-size: 0.8em;">Applied For<br/>Not Applicable</div> |                         |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                 |                                                                                            |                                                                                                                                                                                                                                       | <b>\$8.75 Additional Fee Required</b>                                                                                                                          |                         |
| <b>6. Name and Address of Current Registered Agent</b><br><br>RIBERA, DAVID<br>5591 W. 2ND CT<br>HIALEAH, FL 33012                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 |                                                                                            | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div> |                                                                                                                                                                |                         |
| <b>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.</b><br><div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 30%;"> <b>SIGNATURE</b> </div> <div style="width: 30%; text-align: center;"> <b>David Ribera</b><br/>                 President             </div> <div style="width: 30%; text-align: right;"> <b>03/17/08</b><br/>                 DATE             </div> </div> <div style="font-size: 0.8em; margin-top: 5px;">                 (NOTE: Registered Agent signature required when registering)             </div> |                                 |                                                                                            |                                                                                                                                                                                                                                       |                                                                                                                                                                |                         |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2008 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                 | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> |                                                                                                                                                                                                                                       | <b>\$5.00 May Be Added to Fees</b>                                                                                                                             |                         |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                 |                                                                                            | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                                                                                                                                          |                                                                                                                                                                |                         |
| <b>TITLE</b><br>PVPT<br><b>NAME</b><br>RIBERA, DAVID<br><b>STREET ADDRESS</b><br>5591 W. 2ND CT<br><b>CITY- ST- ZIP</b><br>HIALEAH, FL 33012                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Delete |                                                                                            | <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY- ST- ZIP</b>                                                                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                              |                         |
| <b>TITLE</b><br>DS<br><b>NAME</b><br>RIBERA, DAVID<br><b>STREET ADDRESS</b><br>5591 W. 2ND CT<br><b>CITY- ST- ZIP</b><br>HIALEAH, FL 33012                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Delete |                                                                                            | <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY- ST- ZIP</b>                                                                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                              |                         |
| <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY- ST- ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete |                                                                                            | <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY- ST- ZIP</b>                                                                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                              |                         |
| <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY- ST- ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete |                                                                                            | <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY- ST- ZIP</b>                                                                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                              |                         |
| <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY- ST- ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete |                                                                                            | <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY- ST- ZIP</b>                                                                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                              |                         |
| <b>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.</b>                                                                                                                 |                                 |                                                                                            |                                                                                                                                                                                                                                       |                                                                                                                                                                |                         |
| <b>SIGNATURE:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                 |                                                                                            | <b>David Ribera</b>                                                                                                                                                                                                                   |                                                                                                                                                                | <b>03/17/08</b><br>Date |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 |                                                                                            | <b>786-312-8751</b><br>Daytime Phone #                                                                                                                                                                                                |                                                                                                                                                                |                         |