... 2028 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 21, 2008 8:00 am Secretary of State

DOCUMENT # P0700029341 1. Entity Name RIVERON COMPANY, INC.			1233		(04-21-2008 90	098 022 ***150	.00
Principal Plac	e of Business	Mailing Address		į.	4007	5805		
760 W 22ND	STREET	760 W 22ND STREET		•.				
HIALEAH, FL 33010 HIALEAH, FL 33010					f :			
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2. Principal Place of Bysiness - No P.O. Box # 3. Mailing Address 2668 NW 97 Hove 2668 NW 97			<i>a</i> 1	0				
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City & State		City & State MIUMI		rida.	4. FEI Number 20-8	596491	, Ap	plied For t Applicable
33/3	Country USA	33/72	Country	15A	5. Certificate of	Status Desired	S8.75 Add Fee Required	itional
	6. Name and Address of Current F	Registered Agent			7. Name and A	ddress of New Re	gistered Agent	
BUJERON COOLE ENVIO				Name				
RIVERON, OSCAR EMILIO 760 W 22ND STREET				Street Address (P.O. Box Number is Not Acceptable)				
. –	FL 33010		-					
,	•							
				City			FL Zip Code	9
	named entity submits this statement for	the purpose of changing its	s registered	office or register	ed agent, or both,	in the State of Flori	da. I am familiar with,	and accept
the obligat	ions of registered agent.							[]
SIGNATURE_	. 20						4-8-2	008
	Signature, typed or ormide name of registered agent as	nd title if applicable. (NOT	E: Registered A	igent signature required	when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.								
FIL After Ma	ay 1, 2008 Fee will be \$550.0		-		.00 May Be led to Fees			
After Ma	ay 1, 2008 Fee will be \$550.0	Trust Fund Con	tribution.		ed to Fees	HANGES TO OFFIC	ERS AND DIRECTORS	
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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 tike empowered.

SIGNATURE: /

AND SOPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-2008

315-494-9448

Date

Davime Phone #