2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000054072

Entity Name: RIVERS TEAM, INC

Name:

Address: City-St-Zip: TRONCOSO, MANUEL

MIAMI, FL 33015

7676 NW 186 STREET, #213

FILED Jan 13, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
4952 NW 168 TERRACE MIAMI GARDENS, FL 33055			7676 NW 186 STREE MIAMI, FL 33015	7676 NW 186 STREET STE 213 MIAMI, FL 33015	
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
4952 NW 168 TERRACE MIAMI GARDENS, FL 33055			7676 NW 186 STREET STE 213 MIAMI, FL 33015		
FEI Number:	: 20-8978915	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
The above	e of Florida.	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,	
	Electror	nic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PDT () RIOS, RAMON 7676 NW 186 S MIAMI, FL 330		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VPD () RIOS, ALEIDA 7676 NW 186 S MIAMI, FL 330		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	VPD (X) Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: RAMON RIOS PDT 01/13/2009