


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 10, 2008 8:00 am**  
**Secretary of State**

08-21-2008 90001 017 \*\*\*150.00

**DOCUMENT # P07000068292**

1. Entity Name  
**RIVER ROCK ENTERTAINMENT AND MANAGEMENT CORP**



Principal Place of Business  
**30227 SW 158TH PLACE  
 HOMESTEAD, FL 33033**

Mailing Address  
**30227 SW 158TH PLACE  
 HOMESTEAD, FL 33033**

**66016453**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country

07162008 Chg-P CR2E034 (12/06)

4. FEI Number  
**26-1796693**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**ALFONSO, ROBERT  
 30227 SW 158TH PLACE  
 HOMESTEAD, FL 33033**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required upon reinstating)

**FILE NOW!!! FEE IS \$150.00  
 Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ALFONSO, ROBERT	
STREET ADDRESS	30227 SW 158TH PL.	
CITY - ST - ZIP	HOMESTEAD, FL 33033	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ALFONSO, FRANCES	
STREET ADDRESS	30227 SW 158 PL	
CITY - ST - ZIP	HOMESTEAD, FL 33033	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLANCO, ALINA	
STREET ADDRESS	2040 SE 5 PL	
CITY - ST - ZIP	HOMESTEAD, FL 33035	
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 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: Robert Alfonso **Robert Alfonso** 09/29/08 786488-5183  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #