

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90196 027 \*\*\*150.00

DOCUMENT # P93000051403  
 1. Entity Name  
 NEW RIVIERA REALTY, INC.



Principal Place of Business Mailing Address  
 500 15 ST 500 15 ST  
 SUITE ONE SUITE ONE  
 MIAMI BEACH FL 33139 US MIAMI BEACH FL 33139 US



2. Principal Place of Business 3. Mailing Address  
 423 NE 23rd ST 423 NE 23rd ST.  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

03172004 Chg-P CR2E034 (10/03)  
 4. FEI Number Applied For  
 65-0432958 Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

City & State MIAMI FL MIAMI FL  
 Zip 33137 Country 33137 Country

6. Name and Address of Current Registered Agent  
 REGENTS PARK PROP INC  
 500 15 ST  
 SUITE ONE  
 MIAMI BEACH, FL 33139

7. Name and Address of New Registered Agent  
 Name: REGENTS PARK INVESTMENTS LLC  
 Street Address: 423 NE 23rd ST.  
 City: MIAMI FL Zip: 33137

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: *[Signature]* MALLORY KAUDERER  
 (NOTE: Registered Agent signature required when reinstating) DATE: 4/20/04

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	KAUDERER, MALLORY	
STREET ADDRESS	500 15 ST, SUITE 1	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAUDERER, MALLORY	
STREET ADDRESS	423 NE 23rd ST.	
CITY-ST-ZIP	MIAMI FL 33137	
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 exemption stated in Section 119.07(3)(i), 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: *[Signature]* PRES MALLORY KAUDERER  
 Date: 4/20/04 Daytime Phone #: 305 573-3399