

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P94000013670

1. Entity Name
RIVERSIDE GROUP ENTERPRISES, INC.



Principal Place of Business
6789 W. FLAGLER ST.
MIAMI, FL 33144

Mailing Address
306 ALCAZAR AVENUE
SUITE 302
CORAL GABLES, FL 33134 US

FILED
Mar 12, 2007 08:00 AM
Secretary of State



03022007 No Chg-P CR2E034 (11/05)

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4. FEI Number
65-0507889 Applied For
Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VEGA, ALBERT
306 ALCAZAR AVE
SUITE 302
CORAL GABLES, FL 33134

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IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
BORREGO, LAUDELINA
6789 W FLAGLER ST
MIAMI, FL 33144

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BORREGO, DRESTES T
6789 W FLAGLER ST
MIAMI, FL 33144

TITLE
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TITLE
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STREET ADDRESS
CITY-ST-ZIP

UD00000664034
03/22/07-80025-020 158.75

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IN THIS SPACE**

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #