2006 FOR PROFIT CORPORATION

Apr 18, 2006 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P95000007961 04-18-2006 90072 027 ***150.00 RIVIERA CLUB, INC. Principal Place of Business Mailing Address ONE SOUTH OCEAN BLVD 1 S. OCEAN BLVD STE 204 SUITE 204 BOCA RATON, FL 33432 BOCA RATON, FL 33432 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04052006 CR2E034 (11/05) Chg-P City & State City & State 4. FEI Number Applied For 65-0738831 Not Applicable Zio Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent EISINGER, BROWN, LEWS & FRANKEL, P.A. PHILLIPS, EISINGER, KOSS & ROSENFELDT, PA Street Address (P.O. Box Number is Not Acceptable) 4000 HOLLYWOOD BLVD. # 265-SOUTH HOLLYWOOD, FL 33021 4000 Hollywood Blvd. , # 265-South 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 Andrew I. Lewis, Esq., Secy 4/5/06 (NOTE Registered Agent signature required when refinstalling) DATE SIGNATURE Signature, typed or printed name of registered agont and title if applicable \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DPT P\D TITLE ☐ Defete TITLE Change ☐ Addition JEAN FRANCOIS ROY ONE South Ocean Blud., # 204 ROY JEAN F NAME NAME STREET ADDRESS 1 S. OCEAN BLVD SUITE 204 STREET ADDRESS Boca Raton, FL 33432 CITY-ST-ZIP BOCA RATON, FL 33432 CITY-ST-ZIP DVS TITLE **▼**Delete TITLE ☐ Change Addition MARTIN, PIERRE MARK ISSENMAN NAME NAME one South Ocean Blod., #204 STREET ADDRESS 1 S. OCEAN BLVD SUITE 204 STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33432 CITY-ST-ZIP Raton, FL 33432 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete THE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 attact property state an address, with all other like empowered.

MARK ISJENMAN, Sec'y 4/6/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED