

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000023800

1. Entity Name
RIVERSIDE PLAZA ASSOCIATES, INC.



Principal Place of Business
100 WEST KENNEDY BLVD
SUITE 720
TAMPA, FL 33602 US

Mailing Address
100 WEST KENNEDY BLVD
SUITE 720
TAMPA, FL 33602 US



04282004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3303939

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

AZZARELLI, THOMAS J
100 WEST KENNEDY BLVD
SUITE 720
TAMPA, FL 33602

**DO NOT WRITE
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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME AZZARELLI, THOMAS J
STREET ADDRESS 100 WEST KENNEDY BLVD, SUITE 720
CITY-ST-ZIP TAMPA, FL

TITLE D
NAME AZZARELLI, MICHAEL
STREET ADDRESS % P.O. BOX 9097 (N/A)
CITY-ST-ZIP TAMPA, FL 33674

TITLE D
NAME TESTAVERDE, VINCENT
STREET ADDRESS % P.O. BOX 9097 (N/A)
CITY-ST-ZIP TAMPA, FL 33674

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000140104
04/29/04-80148-009 150.00

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas J Azzarelli

4/28/04

Date

813 228-0883

Daytime Phone #