

# **2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P95000023800

**FILED**  
**Dec 10, 2004**  
**Secretary of State**

**Entity Name:** RIVERSIDE PLAZA ASSOCIATES, INC.

**Current Principal Place of Business:**

100 WEST KENNEDY BLVD  
SUITE 720  
TAMPA, FL 33602 US

**New Principal Place of Business:**

**Current Mailing Address:**

100 WEST KENNEDY BLVD  
SUITE 720  
TAMPA, FL 33602 US

**New Mailing Address:**

**FEI Number:** 59-3303939

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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

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.

SIGNATURE:

12/10/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: AZZARELLI, THOMAS J  
Address: 100 WEST KENNEDY BLVD, SUITE 720  
City-St-Zip: TAMPA, FL

Title: D ( ) Delete  
Name: AZZARELLI, MICHAEL  
Address: % P.O. BOX 9097 (N/A)  
City-St-Zip: TAMPA, FL 33674

Title: D ( ) Delete  
Name: TESTAVERDE, VINCENT  
Address: % P.O. BOX 9097 (N/A)  
City-St-Zip: TAMPA, FL 33674

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: TESTAVERDE, VINCENT  
Address: 15 TALL OAK COURT  
City-St-Zip: OYSTER BAY COVE, NY 11791

Title: D (X) Change ( ) Addition  
Name: TESTAVERDE, MITZI  
Address: 15 TALL OAK COURT  
City-St-Zip: OYSTER BAY COVE, NY 11791

Title: D (X) Change ( ) Addition  
Name: AZZARELLI, THOMAS J  
Address: 100 WEST KENNEDY BOULEVARD, SUITE 720  
City-St-Zip: TAMPA, FL 33602

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS J. AZZARELLI

D

12/10/2004

Electronic Signature of Signing Officer or Director

Date