2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000023800

1. Entity Name
RIVERSIDE PLAZA ASSOCIATES, INC.

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

DO NOT WRITE IN THIS SPACE

01052005 No Chg-P CR2E034 (10/03)

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 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	TESTAVERDE, VINCENT
STREET ADDRESS	15 TALL OAK COURT
CITY-ST-ZIP	OYSTER BAY COVE, NY 11791
TITLE	D
NAME	TESTAVERDE, MITZI
STREET ADDRESS	15 TALL OAK COURT
CITY-ST-ZIP	OYSTER BAY COVE, NY 11791
TITLE	D
NAME	AZZARELLI, THOMAS J
STREET ADDRESS	100 WEST KENNEDY BOULEVARD, SUITE 720
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/19/05-80051-013 150.00

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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: _____ 1/11/04 8322805 83
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #