

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000044663

FILED  
Feb 01, 2005  
Secretary of State

Entity Name: 2135 RIVERSIDE INVESTORS, INC.

**Current Principal Place of Business:**

2151 RIVERSIDE AVE  
JACKSONVILLE, FL 32204

**New Principal Place of Business:**

**Current Mailing Address:**

2151 RIVERSIDE AVE  
JACKSONVILLE, FL 32204

**New Mailing Address:**

FEI Number: 59-3328736      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

FRAZIER, W R  
1515 RIVERSIDE AVE SUITE A  
JACKSONVILLE, FL 32204      US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: GARCIA, JAVIER  
Address: 2151 RIVERSIDE AVE  
City-St-Zip: JACKSONVILLE, FL 32204

Title: VPD ( ) Delete  
Name: GARCIA, MARY  
Address: 2151 RIVERSIDE AVE  
City-St-Zip: JACKSONVILLE, FL 32204

Title: S ( ) Delete  
Name: MONTEIRO, CARMELA  
Address: 2151 RIVERSIDE AVE  
City-St-Zip: JACKSONVILLE, FL 32204

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JAVIER GARCIA-BENGOCHEA, M.D.

PRES

02/01/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date