2005 FOR PROFIT CORPORATION

FILED Jan 27, 2005 08:00 AM ANNUAL REPORT **Secretary of State DÖCUMENT # P95000096479** D & D RIVO ALTO CORPORATION Principal Place of Business Mailing Address 1759 BAY ROAD 1759 BAY ROAD MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139 01202005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0628373 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE LAFONTISEE, LOUIS L JR 3121 COMMODORE PLAZA SUITE 301 IN THIS SPACE MIAMI, FL 33133 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE BURKE, JUNE NAME 5534 PINETREE DR STREET ADDRESS CITY-ST-ZIP MIAMI BCH, FL 33139 U00000198432 TITLE 01/27/05-80052-002 150.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 drustee 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 witty an address, with all other like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-7IP

SIGNING OFFICER OR DIRECTOR

Daytime Phone #