2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000087992

1. Entity Name

RIVERBANK FACTORS, INC.



Principal Place of Business

SIGNATURE: _

800 WEST OAKLAND PARK BLVD. STE 100 FORT LAUDERDALE, FL 33311

Mailing Address

800 WEST OAKLAND PARK BLVD. STE 100 FORT LAUDERDALE, FL 33311

FILED Feb 28, 2005 08:00 AM **Secretary of State**

CR2E034 (10/03)



DO NOT WRITE IN THIS SPACE

No Chg-P 02242005 Applied For 4. FEI Number 65-0703758 Not Applicable \$8.75 Additional Fee Regulred 5. Certificate of Status Desired

6. Name and Address of Current Registered Agent

SIMRING, ELLIS 800 WEST OAKLAND PARK BLVD. STE 100 FORT LAUDERDALE, FL 33311

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					
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RASABI, STEVE 800 W OAKLAND PK BLVD SUITE 100 FT LAUDERDALE, FL 33311)			U00000246855 02/28/05-80083-018 150.00
TITLE NAME STREET ADDRESS CITY-ST ZIP					02, 20, 00 00000 010 100:00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE
TITLE MAME STREET ADDRESS CITY-ST-ZIP					! !
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. Thereby 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.					