



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2008 8:00 am
Secretary of State

03-06-2008 90050 042 ***150.00

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|---|--|---|--|--|--|
| DOCUMENT # P97000064097 | | | |  | |
| 1. Entity Name INVERSIONES RIVERSAY PLAZA, INC. | | | | | |
| Principal Place of Business 5500 NW 74 AVE 2030 S. DOUGLAS RD. MIAMI, FL 33166 #114 CORAL GABLES, FL 33134 | | | Mailing Address 5500 NW 74 AVE 2030 S. DOUGLAS RD. MIAMI, FL 33166 #114 CORAL GABLES, FL 33134 | | |
| 2. Principal Place of Business - No P.O. Box # 2030 S. Douglas Road | | 3. Mailing Address 2030 S. Douglas Road | |  | |
| Suite, Apt. #, etc. #114 | | Suite, Apt. #, etc. #114 | | 01292008 Chg-P CR2E034 (12/06) | |
| City & State Coral Gables, FL | | City & State Coral Gables, FL | | 4. FEI Number 65-0805846 | |
| Zip 33134 | | Country MIAMI-DADE | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent NELSON SAYEGH 5500 NW 74 AVE 2030 S. DOUGLAS RD. MIAMI, FL 33166 #114 CORAL GABLES, FL 33134 | | | 7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____ | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V SAYEGH MANDE, NELSON E 1901 BRICKELL AVE, #1601 MIAMI, FL 33129 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S SAYEGH MANDE, CLAUDIA 1901 BRICKELL AVENUE #2114B MIAMI, FL 33129 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T SAYEGH-VITALE, IRENE 1901 BRICKELL AVE., #1601B MIAMI, FL 33129 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P SAYEGH ALLUP, RICARDO 1901 BRICKELL AVE., #1601B MIAMI, FL 33129 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |