

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000064097

FILED  
Apr 15, 2010  
Secretary of State

**Entity Name:** INVERSIONES RIVERSAY PLAZA, INC.

**Current Principal Place of Business:**

426 SW 8TH ST, UNIT 5  
MIAMI, FL 33130

**New Principal Place of Business:**

**Current Mailing Address:**

426 SW 8TH ST, UNIT 5  
MIAMI, FL 33130

**New Mailing Address:**

**FEI Number:** 65-0805846

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NELSON, SAYEGH  
2030 S. DOUGLAS RD, #114  
CORAL GABLES, FL 33134 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:** V  
**Name:** SAYEGH MANDE, NELSON E  
**Address:** 2030 S. DOUGLAS ROAD, 114  
**City-St-Zip:** CORAL GABLES, FL 33134

**Title:** S  
**Name:** SAYEGH MANDE, CLAUDIA  
**Address:** 2030 S. DOUGLAS ROAD, 114  
**City-St-Zip:** CORAL GABLES, FL 33134

**Title:** T  
**Name:** SAYEGH-VITALE, IRENE  
**Address:** 2030 S. DOUGLAS ROAD, 114  
**City-St-Zip:** CORAL GABLES, FL 33134

**Title:** P  
**Name:** SAYEGH ALLUP, RICARDO  
**Address:** 2030 S. DOUGLAS ROAD, 114  
**City-St-Zip:** CORAL GABLES, FL 33134

I hereby 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 all other like empowered.

**SIGNATURE:** NELSON SAYEGH

VP

04/15/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date