

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000006770

1. Entity Name
RIVOLTA MARINE, INC.



Principal Place of Business
2127 RINGLING BLVD.
101
SARASOTA, FL 34237

Mailing Address
2127 RINGLING BLVD.
101
SARASOTA, FL 34237

**FILED
Mar 23, 2005 08:00 AM
Secretary of State**



01122005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0899025	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

VENABLE, JOSEPH P
1400 4TH AVENUE WEST
BRADENTON, FL 34205

**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 file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RIVOLTA, PIERO 215 ROBIN DR. SARASOTA, FL 34236
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UD00000273588
03/23/05-80034-025 150.00

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV RIVOLTA, RENZO 215 ROBIN DR. SARASOTA, FL 34236
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**DO NOT WRITE
IN THIS SPACE**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VENABLE, JOSEPH P 1400 4TH AVENUE WEST BRADENTON, FL 34205
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

Piero Rivolta 3/22/05 951 954 0355

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #