

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90089 016 \*\*\*150.00

**DOCUMENT # P98000012425**

1. Entity Name  
**ANDRES RIVERO & ASSOCIATES, P.A.**



Principal Place of Business

**201 S BISCAYNE BLVD  
SUITE 1450  
MIAMI, FL 33131**

Mailing Address

**201 S BISCAYNE BLVD - 2525 Ponce de Leon  
SUITE 1450 - Suite 1000  
MIAMI, FL 33131 - MIAMI FL 33134**

**40003811**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01122007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number

**65-0812712**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RIVERO, ANDRES  
MIAMI CENTER STE 1450  
201 S BISCAYNE BLVD  
MIAMI, FL 33131**

Name **Rivero, Andres**

Street Address (P.O. Box Number is Not Acceptable)  
**2525 Ponce De Leon Blvd, Ste 1000**

City **MIAMI**

FL Zip Code **33134**

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME **P RIVERO, ANDRES** ☐ Delete  
STREET ADDRESS **201 S BISCAYNE BLVD**  
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE  
NAME **P Rivero, Andres** ☒ Change ☐ Addition  
STREET ADDRESS **2525 Ponce De Leon Blvd, Ste 1000**  
CITY-ST-ZIP **MIAMI FL 33134**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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 address, with all other like empowered.

SIGNATURE: **X**

**Andres Rivero**

**Andres Rivero 1/12/07**

**3054452500**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #