


2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 24, 2007 08:00 AM
Secretary of State

DOCUMENT # P99000010119
 1. Entity Name
JULIO R. RIVAS & ASSOCIATES, INC.



Principal Place of Business 506 N.W. 87TH AVENUE, SUITE 103 MIAMI, FL 33172	Mailing Address 506 N.W. 87TH AVENUE, SUITE 103 MIAMI, FL 33172
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DO NOT WRITE IN THIS SPACE



01222007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0895160	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RIVAS, JULIO R
 506 N.W. 87TH AVENUE, SUITE 103
 MIAMI, FL 33172

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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 _____ (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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD RIVAS, JULIO R 506 N.W. 87TH AVENUE, SUITE 103 MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RIVAS, MAGGIE G 13966 SW 13 STREET MIAMI, FL 33184
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 01/25/07-80049-025 150.00

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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: *X [Signature]* **JULIO R. RIVAS** *X 1/22/2007* **205-221-8638**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #