

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 08:00 A
Secretary of State

DOCUMENT # P99000018295
 1. Entity Name
 RIVERA CONSTRUCTION, INC.



Principal Place of Business
 6217 CARTWRITE ROAD
 BROOKSVILLE, FL 34609

Mailing Address
 6217 CARTWRITE ROAD
 BROOKSVILLE, FL 34609

DO NOT WRITE IN THIS SPACE



03232006 No Chg-P CR2E034 (11/05)

4. FEI Number
 59-3570238 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 RIVERA, VANESSA
 6217 CARTWRITE ROAD
 BROOKSVILLE, FL 34609

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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 reissuing) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	P RIVERA, RANDY J 6217 CARTWRITE ROAD BROOKSVILLE, FL 34605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST RIVERA, VANESSA 6217 CARTWRITE ROAD BROOKSVILLE, FL 34605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000682885
 04/05/07-80020-025 158.75

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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:  3-20-07 ✓ 352-650-2870

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