

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90391 019 \*\*\*158.75

<b>DOCUMENT # P99000050935</b>					
<b>1. Entity Name</b> TRG RIVIERA Y.B.C., INC.					
<b>Principal Place of Business</b> 2828 CORAL WAY, PENTHOUSE SUITE MIAMI, FL 33145			<b>Mailing Address</b> 2828 CORAL WAY, PENTHOUSE SUITE MIAMI, FL 33145		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 65-1000553	
Zip		Country		Zip	
Country		Country		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  ROCHA, ROBERTO-S 2828 CORAL WAY, PENTHOUSE SUITE MIAMI, FL 33145			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) <b>DATE</b> _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> D <b>NAME</b> PEREZ, JORGE M <b>STREET ADDRESS</b> 2828 CORAL WAY, PENTHOUSE SUITE <b>CITY-ST-ZIP</b> MIAMI, FL 33145	<input type="checkbox"/> Delete		<b>TITLE</b> DPT <b>NAME</b> PEREZ, JORGE M <b>STREET ADDRESS</b> 2828 CORAL WAY <b>CITY-ST-ZIP</b> MIAMI FL 33145	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VP <b>NAME</b> ROCHA, ROBERTO <b>STREET ADDRESS</b> 2828 CORAL WAY PA <b>CITY-ST-ZIP</b> MIAMI, FL 33145	<input type="checkbox"/> Delete		<b>TITLE</b> V <b>NAME</b> ROCHA, ROBERTO <b>STREET ADDRESS</b> 2828 CORAL WAY <b>CITY-ST-ZIP</b> MIAMI FL 33145	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VPS <b>NAME</b> HERNANDEZ, ANGEL <b>STREET ADDRESS</b> 2828 CORAL WAY PA <b>CITY-ST-ZIP</b> MIAMI, FL 33145	<input type="checkbox"/> Delete		<b>TITLE</b> VS <b>NAME</b> HERNANDEZ, ANGEL <b>STREET ADDRESS</b> 2828 CORAL WAY <b>CITY-ST-ZIP</b> MIAMI FL 33145	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> V <b>NAME</b> ALLEN, MOTT <b>STREET ADDRESS</b> 2828 CORAL WAY, PENTHOUSE <b>CITY-ST-ZIP</b> MIAMI, FL 33145	<input type="checkbox"/> Delete		<b>TITLE</b> V <b>NAME</b> ALLEN, MATT <b>STREET ADDRESS</b> 2828 CORAL WAY <b>CITY-ST-ZIP</b> MIAMI FL 33145	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.</b>					
<b>SIGNATURE:</b> _____			<b>ANGEL HERNANDEZ</b> 3-104 <b>VICE-PRESIDENT</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date _____ Daytime Phone # _____		