


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90244 015 ***150.00

DOCUMENT # P99000079638 1. Entity Name EDWARD A. RIVAS, INC.					
Principal Place of Business 10170 N.W. 21 CT. PEMBROKE PINES, FL 33026			Mailing Address 10170 N.W. 21 CT. PEMBROKE PINES, FL 33026		
2. Principal Place of Business 391 Franklin Street Suite, Apt. #, etc.		3. Mailing Address 391 Franklin Street Suite, Apt. #, etc.			
City & State Hollywood FL Zip 33019 Country Broward		City & State Hollywood FL Zip 33019 Country Broward		4. FEI Number 65-0946078	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent RIVAS, EDWARD A 10170 N.W. 21 CT. PEMBROKE PINES, FL 33026			7. Name and Address of New Registered Agent Name RIVAS, EDWARD A Street Address (P.O. Box Number is Not Acceptable) 391 Franklin Street City Hollywood FL Zip Code 33019		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIVAS, EDWARD A 10170 N.W. 21 CT. PEMBROKE PINES, FL 33026	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	391 Franklin Street Hollywood, FL 33019	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 an address, with all other like empowered.					
SIGNATURE: Edward A. Rivas <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1/13/06 <small>Date</small>		454 993-6797 <small>Daytime Phone #</small>