

2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

12 JUN 11 AM 9:42

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

DOCUMENT # P99000094219 1. Entity Name RIVIERA PROPERTIES GROUP, INC.		
Principal Place of Business 1399 SE 9TH AVE HIALEAH, FL 33010	Mailing Address 1399 SE 9TH AVE HIALEAH, FL 33010	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip



05182012 Chg-P CR2E034 (12/11)

4. FEI Number 65-0956203	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PLATT, KENNETH E 1399 SE 9TH AVE HIALEAH, FL 33010	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
---	--

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 \$550.00 Due by September 28, 2012	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	PD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900236164609 06/11/12--01002--015 ***150.00
NAME	PLATT, KENNETH E	NAME	
STREET ADDRESS	1399 SE 9TH AVE	STREET ADDRESS	
CITY- ST- ZIP	HIALEAH, FL 33010	CITY- ST- ZIP	
TITLE	VD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLATT, ILEANA H	NAME	
STREET ADDRESS	1399 SE 9TH AVE	STREET ADDRESS	
CITY- ST- ZIP	HIALEAH, FL 33010	CITY- ST- ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	

JUN 11 2012

S. PRATHER

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: *S. Prather* _____ DATE _____ E-MAIL ADDRESS _____