
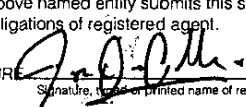
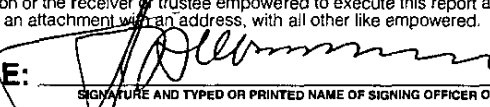


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90457 031 ***158.75

DOCUMENT # V28620 1. Entity Name RIVERS INVESTMENTS OF FLORIDA, INC.					
Principal Place of Business 12390 HWY 70 WEST OKEECHOBEE, FL 34972 US			Mailing Address 12390 HWY 70 WEST OKEECHOBEE, FL 34972 US		
2. Principal Place of Business 141 NE 3rd AVE Suite, Apt. #, etc. 1100		3. Mailing Address 141 NE 3rd AVE Suite, Apt. #, etc. 1100			
City & State MIAMI FL		City & State MIAMI FL		4. FEI Number 65-0325194	
Zip 33132		Country U.S.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GAITAN, JUAN P 8420 NW 160 ST OKEECHOBEE, FL 34972				7. Name and Address of New Registered Agent Name JUAN DIEGO CALLE Street Address (P.O. Box Number is Not Acceptable) 141 NE 3rd AVE SUITE 1100 City MIAMI FL Zip Code 33132	
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  Juan D. Calle DATE 04/08/04 <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, 2004 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	PD CALLE, JENARO 8420 NW 160TH ST OKEECHOBEE, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CALLE, JENARO 141 NE 3rd AVE SUITE 1100 MIAMI FL 33132	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CALLE, ANA MARIA 8420 NW 160TH ST OKEECHOBEE, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CALLE, ANA MARIA 141 NE 3rd AVE SUITE 1100 MIAMI FL 33132	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CALLE, ROSA HELENA 8420 NW 160TH ST OKEECHOBEE, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CALLE, ROSA HELENA 141 NE 3rd AVE SUITE 1100 MIAMI FL 33132	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD GAITAN, JUAN PABLO 8420 NW 160 ST OKEECHOBEE, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD GAITAN, JUAN PABLO 141 NE 3rd AVE SUITE 1100 MIAMI FL 33132	<input 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
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 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.					
SIGNATURE:  JENARO CALLE DATE 04/08/04 DAYTIME PHONE # 305.372.0005 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					