

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V28620

FILED
Feb 12, 2009
Secretary of State

Entity Name: RIVERS INVESTMENTS OF FLORIDA, INC.

Current Principal Place of Business:

701 BRICKELL AVE,
SUITE 1740
MIAMI, FL 33131 US

New Principal Place of Business:

Current Mailing Address:

701 BRICKELL AVE,
SUITE 1740
MIAMI, FL 33131 US

New Mailing Address:

FEI Number: 65-0325194 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DIEGO CALLE, JUAN
701 BRICKELL AVENUE
SUITE 1740
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CALLE, JENARO
Address: 701 BRICKELL AVENUE SUITE 1740
City-St-Zip: MIAMI, FL 33131

Title: VD () Delete
Name: CALLE, ANA MARIA
Address: 701 BRICKELL AVENUE SUITE 1740
City-St-Zip: MIAMI, FL 33131

Title: STD () Delete
Name: CALLE, ROSA HELENA
Address: 701 BRICKELL AVENUE SUITE 1740
City-St-Zip: MIAMI, FL 33131

Title: MD () Delete
Name: GAITAN, JUAN PABLO
Address: 701 BRICKELL AVENUE SUITE 1740
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANA CALLE

VD

02/12/2009

Electronic Signature of Signing Officer or Director

Date