

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000134113

**FILED**  
**Feb 14, 2013**  
**Secretary of State**  
**CC7298601715**

**Entity Name:** LUIS A. RIVAS INC

**Current Principal Place of Business:**

2420 KENNESAW STREET  
FT. MYERS, FL 33901

**Current Mailing Address:**

2420 KENNESAW STREET  
FT. MYERS, FL 33901

**FEI Number:** 20-0399541

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

RIVAS, LUIS A  
2420 KENNESAW STREET  
FT. MYERS, FL 33901 US

*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

**Officer/Director Detail :**

Title PD  
Name RIVAS, LUIS A  
Address 2420 KENNESAW STREET  
City-State-Zip: FT. MYERS FL 33901

Title VP  
Name RAMIREZ, JOSE O  
Address 11583 DEAN STREET  
City-State-Zip: BONITA SPRINGS FL 34135

Title S  
Name JIMENEZ, MARIA A  
Address 2420 KENNESAW STREET  
City-State-Zip: FORT MYERS FL 33901

*I hereby 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 all other like empowered.*

**SIGNATURE:** LUIS A. RIVAS

**PRESIDENT**

**02/14/2013**

Electronic Signature of Signing Officer/Director Detail

Date