2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 03, 2004 08:00 AM **DOCUMENT # 714481 Secretary of State** 1. Entity Name RIO NUEVO DOCKS, INC. Principal Place of Business Mailing Address 2928 OAK PARK CIRCLE 2928 OAK PARK CIRCLE DAVIE FL 33328 DAVIE FL 33328 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State 4. FEI Number Applied For NO-T APPLICABLE Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2928 OAK PARK CIRCLE DAVIE FL 33328 City Zip Code FL 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 Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE **FILE NOW: FEE IS \$61.25** 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE Change Addition BROWNING, LAWRENCE NAME 4050 S.W. 1ST STREET U00000075605 STREET ADDRESS STREET ADDRESS 03/03/04-80067-002 70.00 PLANTATION FL CITY - ST - ZIP CITY-ST-ZIP 3116 ☐ Delete ☐ Change Addition PELTON, ARTHUR NAME 2221 NW 34 TERRACE STREET ADDRESS STREET ADDRESS COCONUT CREEK FL 33066 CITY - ST- ZIP CITY-ST-7/P me ☐ Delete THE ☐ Change ☐ Addition REY, LOUIS NAME NAME 2928 OAK PARK CIRCLE STREET ADDRESS STREET ADDRESS DAVIE FL 33328 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ■ Addition SURGE, ALEX NAME 809 SW 9 TERRACE STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition CARDENAS, ROBERT NAME NAME 5055 N A1A #806 STREET ADDRESS STREET ADDRESS FT PIERCE FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete Change ☐ Addition TAYLOR, CLIVE NAME MAME 642 NE 3RD ST STREET ADDRESS STREET ADDRESS **DANIA FL 33004** CITY-ST-7/P CITY - ST-ZIP

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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

FILED

954-802-7513