

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 28, 2005 8:00 am**  
**Secretary of State**

03-28-2005 90059 008 \*\*\*\*70.00



**DOCUMENT # 714481**  
1. Entity Name  
**RIO NUEVO DOCKS, INC.**

Principal Place of Business  
**2928 OAK PARK CIRCLE  
DAVIE FL 33328  
US**

Mailing Address  
**2928 OAK PARK CIRCLE  
DAVIE FL 33328  
US**



1st MOORE CR2E037 (10/04)

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

4. FEI Number  
**NO-T APPLICABLE**

Applied For  
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**REY, LUIS  
2928 OAK PARK CIRCLE  
DAVIE FL 33328**

**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 \$61.25  
Due By May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	V	<input type="checkbox"/> Delete
NAME	BROWNING, LAWRENCE	
STREET ADDRESS	4050 S.W. 1ST STREET	
CITY-ST-ZIP	PLANTATION FL FT Lauderdale, FL 33316	
TITLE	D	<input type="checkbox"/> Delete
NAME	PELTON, ARTHUR	
STREET ADDRESS	2221 NW 34 TERRACE	
CITY-ST-ZIP	GOCONUT CREEK FL 33066 FT Lauderdale, FL 33334	
TITLE	TS	<input type="checkbox"/> Delete
NAME	REY, LOUIS	
STREET ADDRESS	2928 OAK PARK CIRCLE	
CITY-ST-ZIP	DAVIE FL 33328	
TITLE	PR	<input type="checkbox"/> Delete
NAME	SURGE, ALEX	
STREET ADDRESS	809 SW 9 TERRACE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARDENAS, ROBERT	
STREET ADDRESS	5055 N A1A #806	
CITY-ST-ZIP	FT PIERCE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	TAYLOR, CLIVE	
STREET ADDRESS	642 NE 3RD ST	
CITY-ST-ZIP	DANIA FL 33004	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 OFFICER OR DIRECTOR

3/23/05 954-862-7513  
Date Daytime Phone #