

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90062 020 \*\*\*\*61.25

DOCUMENT # **7/7900** ✓  
 1. Entity Name  
**River Reach, Inc**

Principal Place of Business      Mailing Address  
**949 River Reach Drive**  
**Fort LAUDERDALE, FL 33315**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **591321098**      Applied For  
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**Ralph Caruso**  
**1301 River Reach Drive #417**  
**Fort LAUDERDALE, FL 33315**

7. Name and Address of New Registered Agent  
 Name **← SAME**  
 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.

SIGNATURE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when re-creating)      DATE

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

10. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> Delete
NAME	<b>Carl Miller</b>	
STREET ADDRESS	<b>1201 River Reach Drive #304</b>	
CITY-ST-ZIP	<b>Fort LAUDERDALE, FL 33315</b>	
TITLE	VP	<input type="checkbox"/> Delete
NAME	<b>Ralph Caruso</b>	
STREET ADDRESS	<b>1301 River Reach Drive #417</b>	
CITY-ST-ZIP	<b>Fort LAUDERDALE, FL 33315</b>	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	<b>Eugene Sweeley</b>	
STREET ADDRESS	<b>900 River Reach Drive #423</b>	
CITY-ST-ZIP	<b>Fort LAUDERDALE, FL 33315</b>	
TITLE	Director	<input type="checkbox"/> Delete
NAME	<b>John Brooks</b>	
STREET ADDRESS	<b>1301 River Reach Drive #409</b>	
CITY-ST-ZIP	<b>Fort LAUDERDALE, FL 33315</b>	
TITLE	Director	<input type="checkbox"/> Delete
NAME	<b>Stevie Peliotas</b>	
STREET ADDRESS	<b>900 River Reach Drive #120</b>	
CITY-ST-ZIP	<b>Fort LAUDERDALE, FL 33315</b>	
TITLE	Director	<input type="checkbox"/> Delete
NAME	<b>Edward Clausner</b>	
STREET ADDRESS	<b>1350 River Reach Drive #518</b>	
CITY-ST-ZIP	<b>Fort LAUDERDALE, FL 33315</b>	

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)(f), 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: **Carl O Miller**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**April 24, 2002**  
 Date      Daytime Phone #

**(954) 523-9705**

CR2007 (5/01)