


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90252 002 \*\*\*158.75

**DOCUMENT # P04000072679**  
 1. Entity Name  
 RIVER CHANNEL REALTY, INC.



Principal Place of Business  
 3399 NW SOUTH RIVER DRIVE  
 MIAMI, FL 33142 US

Mailing Address  
 3399 NW SOUTH RIVER DRIVE  
 MIAMI, FL 33142 US

30018796



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

04282006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent  
 JOSE BARED  
 3399 NW SOUTH RIVER DRIVE  
 MIAMI, FL 33142

7. Name and Address of New Registered Agent  
 Name Jun Diaz, Esquire  
 Street Address (P.O. Box Number is Not Acceptable)  
5800 Northwest 74th Ave  
 City Miami FL Zip Code 33166

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 Jun Diaz, Esquire DATE April 28, 2006  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BARED, JOSE I	
STREET ADDRESS	3399 NW SOUTH RIVER DRIVE	
CITY-ST-ZIP	MIAMI, FL 33142	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARED, VICTOR	
STREET ADDRESS	3399 NW SOUTH RIVER DRIVE	
CITY-ST-ZIP	MIAMI, FL 33142	
TITLE	D	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, ELIAS	
STREET ADDRESS	3399 NW SOUTH RIVER DRIVE	
CITY-ST-ZIP	MIAMI, FL 33142	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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 exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jun Diaz, Esq. - Atty. in - Fact DATE April 28, 2006  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #