


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90204 016 ***150.00

DOCUMENT # P99000105330

1. Entity Name
MIAMI RIVER ASSOCIATES, INC.



Principal Place of Business 155 S. MIAMI AVE PH II A MIAMI, FL 33130	Mailing Address 155 S. MIAMI AVE PH II A MIAMI, FL 33130
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01122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1069067	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~BLAXBERG, BARRY ESQ.~~ Panther Realty Advisors Inc
25 SE 2ND AVE SUITE 730 155 South Miami Avenue, PH2A
MIAMI, FL 33130

DO NOT WRITE IN THIS SPACE

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:  Daniel Sirlin, President 4-26-04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SIRLIN, DANIEL 155 S. MIAMI AVE MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KRINSKY, JEFF 155 S. MIAMI AVE MIAMI, FL 33130
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address for the receiver or trustee empowered.

SIGNATURE:  Jeff Krinsky 4/26/04 305-374-5455

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #