2005 FOR PROFIT CORPORATION ANNUAL REPORT

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SIGNATURE AND TYPED OR PRINTED HAN

Feb 28, 2005 8:00 am Secretary of State **DOCUMENT # P04000111102** 1. Entity Name 02-28-2005 90194 019 ***150 00 1920 RIVER, CORP. Principal Place of Business Mailing Address 655 W. FLAGLER ST., SUITE 201 655 W. FLAGLER ST., SUITE 201 MIAMI, FL 33132-0 MIAMI, FL-33132-0-2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02112005 CR2E034 (10/03) Chg-P City & State City & State Applied For 4. FEI Number 20-1587134 Not Applicable Zip 33/30 Country Country \$8.75 Additional 5. Certificate of Status Desired 33130 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RODRIGUEZ, EDUARDO JR. 655 W. FLAGLER ST., SUITE 201 Street Address (P.O. Box Number is Not Acceptable) MIAMI, FL -33132 0-City 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 _______Signsture, typed or printed name of registered agent and talle if applicable. (NOTE: Registered Agent signature required when remaining) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!!- FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITS F Change Addition ☐ Delete RODRIGUEZ, EDUARDO JR. NAME 655 W. FLAGLER ST., SUITE 201 STREET ADORESS STREET ADORESS MIAMI, FL 33130 CITY-ST-ZIP MIAMI, FL 331320-CITY-ST-ZIP VSD TITLE Delete TITLE Change Change Addition RODRIGUEZ, EDUARDO NAME NAME STREET ADDRESS 655 W. FLAGLER ST., SUITE 201 STREET ADDRESS MIAMI FL 33130 MIAMI, FL -331329-CITY-ST-ZIP CITY-ST-7IP TITLE TITLE ☐ Addition ☐ Delcte ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-7/P CITY-ST-7P TITLE Delete TITLE Change ☐ Addition MARKE NAME STREET ADDRESS STREET ADDRESS CITY-51-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling dose 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 received or trustee amountment with an appliess, with all other like empowered. Educardo Rodriguez JL 418/04. 314-26102 ORDERETOR DESE

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