


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 18, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # 435273 1. Entity Name RIVER MARINE SUPPLY, INC.	
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Principal Place of Business 260 SW 6TH ST. MIAMI, FL 33130-2910	Mailing Address 260 SW 6TH ST. MIAMI, FL 33130-2910
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**DO NOT WRITE IN THIS SPACE**



01162007 No Chg-P CR2E034 (11/05)


4. FEI Number 59-1494942	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

CAPOTE, CARLOS  
 109 E RIVOALTO DR  
 MIAMI BEACH, FL 33139

**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:  DATE: 1/16/07

Signature, typed or printed name of registered agent and street address (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

000000590564  
 01/18/07-80061-009 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ORTEGA, EDY 9221 SW 66TH ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CAPOTE, CARLOS 109 E RIVOALTO DR MIAMI BEACH, FL 33139
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 registered agent or authorized 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 the empowere

SIGNATURE:  DATE: 1/16/07 DAYTIME PHONE #: (305) 856 0080

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR