


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

<b>DOCUMENT # G24306</b> 1. Entity Name <b>ST. LUCIE RIVER MANAGEMENT, INC.</b>	
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Principal Place of Business <b>ONE NORTH CLEMATIS ST SUITE 200 WEST PALM BEACH, FL 33401 US</b>	Mailing Address <b>ONE NORTH CLEMATIS ST SUITE 200 WEST PALM BEACH, FL 33401 US</b>
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**DO NOT WRITE IN THIS SPACE**




02272007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2268074</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>CARSON, DONALD W. ONE NORTH CLEMATIS STREET SUITE 200 WEST PALM BEACH, FL 33401</b>
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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  <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVAS CARSON, DONALD W ONE NORTH CLEMATIS ST SUITE 200 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS FANJUL, ALFONSO ONE NORTH CLEMATIS ST SUITE 200 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVDI FANJUL, JOSE ONE NORTH CLEMATIS ST SUITE 200 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS DEL BUSTO, JORGE ONE NORTH CLEMATIS ST SUITE 200 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS TABERNILLA, ARMANDO A ONE NORTH CLEMATIS ST SUITE 200 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/26/07-80102-013 150.00

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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>Armando A. Tabernilla, Assistant Secretary</b> 561-655-6303 Date <b>4/17/07</b> Daytime Phone # _____