


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # K02734  
1. Entity Name  
MIAMI RIVER GROUP, INC.



Principal Place of Business: 64 SE 4TH STREET, MIAMI, FL 33131  
Mailing Address: 64 SE 4TH STREET, MIAMI, FL 33131



03092005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number: 65-0017088  
Applied For:  Not Applicable

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
NAKHJAVAN, BIJAN  
2601 HALISSEE STREET  
MIAMI, FL 33133

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

|                |                                  |
|----------------|----------------------------------|
| TITLE          | PD                               |
| NAME           | NAKHJAVAN, BIJAN                 |
| STREET ADDRESS | 2610 HALISSEE DR                 |
| CITY-ST-ZIP    | MIAMI, FL                        |
| TITLE          | VP                               |
| NAME           | ROUHANI, PARHANG                 |
| STREET ADDRESS | 212 SHORE DR. SOUTH              |
| CITY-ST-ZIP    | MIAMI, FL 33133                  |
| TITLE          | T                                |
| NAME           | NAKHJAVAN, ARLETTE               |
| STREET ADDRESS | 2601 HALISSEE STREET             |
| CITY-ST-ZIP    | MIAMI, FL 33133                  |
| TITLE          | S                                |
| NAME           | PRICE, IRA B                     |
| STREET ADDRESS | 9130 SOUTH DADELAND BLVD., #1705 |
| CITY-ST-ZIP    | MIAMI, FL                        |
| TITLE          |                                  |
| NAME           |                                  |
| STREET ADDRESS |                                  |
| CITY-ST-ZIP    |                                  |
| TITLE          |                                  |
| NAME           |                                  |
| STREET ADDRESS |                                  |
| CITY-ST-ZIP    |                                  |

04/18/05-80026-004 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 another like empowered.

SIGNATURE: \_\_\_\_\_ 04-14-05 305-381-4778  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #