



**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

FILED  
08 MAY -7 PM 12: 00  
SECRETARIAT OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N05000011612 1. Entity Name THE RIVER FRONT MASTER ASSOCIATION, INC.	
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Principal Place of Business 1637 SW 8TH ST MIAMI, FL 33135	Mailing Address 1637 SW 8TH ST MIAMI, FL 33135
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**DO NOT WRITE IN THIS SPACE**



01222008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-5075728	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

GUERRA, FRANK  
1637 SW 8TH ST  
MIAMI, FL 33135

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

**Filing Fee is \$61.25  
Due by May 1, 2008**

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	DP GUERRA, FRANK 1637 SW 8TH ST MIAMI, FL 33135
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV ARDID, INIGO 848 BRICKELL AVE STE 700 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST CABRERA JR., ANTONIO 1637 SW 8TH ST MIAMI, FL 33135
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 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 617, 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:  \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_