
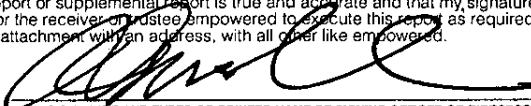


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90010 004 ****70.00

DOCUMENT # N38695					
1. Entity Name MIAMI RIVER MARINE GROUP CORP.					
Principal Place of Business 3033 NW NORTH RIVER DR MIAMI, FL 33142 US			Mailing Address 3033 NW NORTH RIVER DR MIAMI, FL 33142 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 65-0204995				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				04062004 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MORTON, CHARLES E 3033 NW NORTH RIVER DR MIAMI, FL 33142				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	V	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BABUN, SARA		NAME	RICHARD DUBIN	
STREET ADDRESS	3038 NW NORTH RIVER DR		STREET ADDRESS	555 N.W. SOUTH RIVER DR.	
CITY-ST-ZIP	MIAMI, FL 33142		CITY-ST-ZIP	MIAMI, FL 33136	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MONOCANDILOS, JORDAN		NAME	BRUCE SCHURGER	
STREET ADDRESS	3201 NW 24 ST		STREET ADDRESS	3300 N.W. NORTH RIVER DR.	
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP	MIAMI, FL 33142	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUNNELL, DICK		NAME	Bunnell, Dick	
STREET ADDRESS	7801 NW 66 CT		STREET ADDRESS	Bunnell, Dick	
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP	3033 NW NORTH RIVER DR. 33142	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, CLEVE		NAME		
STREET ADDRESS	3700 NW SOUTH RIVER DR		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33142		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAYNE, BEAU		NAME		
STREET ADDRESS	1115 N PARK RD		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 33021		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKES, WILLIAM		NAME		
STREET ADDRESS	3033 N.W. NORTH RIVER DR		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does 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 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: 			Date: 4/7/04		Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #

54032297

