


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 08:00 A
Secretary of State

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
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05042006 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0204995	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MORTON, CHARLES E
 3033 NW NORTH RIVER DR
 MIAMI, FL 33142

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B. 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 _____

Filing Fee is \$61.25
Due by September 6, 2006

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	V BABUN, SARA 3038 NW NORTH RIVER DR MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUBIN, RICHARD 555 N.W. SOUTH RIVER DR MIAMI, FL 33136
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BUNNELL, DICK 3033 NW NORTH RIVER DR MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, CLEVE 3700 NW SOUTH RIVER DR MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAYNE, BEAU 1115 N PARK RD HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARKES, WILLIAM 3033 N.W. NORTH RIVER DR MIAMI, FL

U00000583454
 05/20/06-80009-025 61.25

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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]* _____ **5/1/06** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #