


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90028 029 ****61.25

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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0204995	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Applied For		Not Applicable			
8. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BOHNSACK, FRANCES M 3033 NW NORTH RIVER DR 2ND FLOOR 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, 2008		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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BABUN, SARA		NAME	<i>D MUNIR MOURRA</i>	
STREET ADDRESS	3038 NW NORTH RIVER DR		STREET ADDRESS	<i>2199 NW SOUTH RIVER DR.</i>	
CITY-ST-ZIP	MIAMI, FL 33142		CITY-ST-ZIP	<i>MIAMI, FL 33142</i>	
TITLE	PRES	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUBIN, RICHARD		NAME		
STREET ADDRESS	555 N.W. SOUTH RIVER DR		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33136		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUNNELL, DICK		NAME		
STREET ADDRESS	3033 NW NORTH 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	HOOPER, JEFFREY		NAME		
STREET ADDRESS	3462 NW NORTH 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 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, and all other like empowered.					
SIGNATURE: _____			4/10/08 305-343-0132		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

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