


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90360 027 ****70.00

DOCUMENT # N98000005672

1. Entity Name
MIAMI RIVER FUND, INC.



Principal Place of Business 4600 RICKERBACKER CSWY SG 107 KEY BISCAIYNE, FL 33149	Mailing Address 4600 RICKERBACKER CSWY SG 107 KEY BISCAIYNE, FL 33149
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50041216



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04152005 Chg-NP CR2E037 (10/03)

4. FEI Number 65-0867648	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**PARKS, ROBERT L ESQ.
HAGGARD, PARKS & STONE, P.A.
330 ALHAMBRA CIRCLE
CORAL GABLES, FL 33134**

7. Name and Address of New Registered Agent

Name **Brett Bibeau**
Street Address (P.O. Box Number is Not Acceptable)
**Wm Rosenstiel School - 4600 Rickerbacker Cswy
SG-107 - c/o Miami River Fund, Inc.
City **Miami** FL Zip Code **33149****

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 *Brett Bibeau* DATE 4/15/05
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, 2005	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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARKS, ROBERT L 330 ALHAMBRA CIRCLE CORAL SPRINGS, FL 33134 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EVERINGHAM, PHILIP PO BOX 01930 MIAMI, FL 33101 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BUNNELL, RICHARD 1620 S. BAYSHORE COURT MIAMI, FL 33133 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JUDE, SALLYE 118 S.W. SOUTH RIVER DRIVE MIAMI, FL 33130 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Brett Bibeau c/o Wm Rosenstiel School - 4600 Rickerbacker Cswy Miami, FL 33149 -SG-107 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Michael Moore Holland Knight 701 Brickell Key Drive Ave Miami, FL 33131 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Brett Bibeau* DATE 4/15/05 (305) 361-4850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR