2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005672

Entity Name: MIAMI RIVER FUND, INC.

FILED Jan 11, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1407 NW 7 ST SUITE D MIAMI, FL 33125 **Current Mailing Address: New Mailing Address:** 1407 NW 7 ST SUITE D MIAMI, FL 33125 FEI Number: 65-0867648 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BIBEAU, BRETT BIBEAU, BRETT 4600 RICKENBACKER CSWY 1407 NW 7 STREET SG-107- C/O MIAMI RIVER FUND, INC SUITE D- C/O MIAMI RIVER FUND, INC MIAMI, FL 33149 US MIAMI, FL 33125 US 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. SIGNATURE: 01/11/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition BIBEAU, BRETT BIBEAU, BRETT Name: Name: Address: 4600 RICKERNBACKER CSWY, SG-107 Address: 1407 NW 7 STREET, SUITE D City-St-Zip: MIAMI, FL 33149 City-St-Zip: MIAMI, FL 33125 Title: () Delete Title: () Change () Addition EVERINGHAM, PHILIP Name: Name: Address: PO BOX 01930 Address: City-St-Zip: MIAMI, FL 33101 City-St-Zip: Title: () Delete Title: (X) Change () Addition BUNNELL, RICHARD Name: OWENS, STEVE Name: 1620 S. BAYSHORE COURT 501 BRICKELL KEY DRIVE, SUITE 600 Address: Address: City-St-Zip: MIAMI, FL 33133 City-St-Zip: MIAMI, FL 33131 Title: VΡ () Delete Title: () Change () Addition Name: JUDE, SALLYE Name: 118 S.W. SOUTH RIVER DRIVE Address: Address: City-St-Zip: MIAMI, FL 33130 City-St-Zip: Title: Title: () Delete () Change () Addition MOORE, MICHAEL Name: Name: HOLLAND KONIGHT, 701 BRICKELL AVE Address: Address: MIAMI, FL 33131 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRETT BIBEAU D 01/11/2006