

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 8:00 am
Secretary of State

01-11-2007 90053 043 ****70.00

DOCUMENT # N98000005672

1. Entity Name
MIAMI RIVER FUND, INC.



Principal Place of Business 1407 NW 7 ST SUITE D MIAMI, FL 33125	Mailing Address 1407 NW 7 ST SUITE D MIAMI, FL 33125
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01042007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

BIBEAU, BRETT
 1407 NW 7 STREET
 SUITE D- C/O MIAMI RIVER FUND, INC
 MIAMI, FL 33125

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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*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BIBEAU, BRETT
STREET ADDRESS	1407 NW 7 STREET, SUITE D
CITY-ST-ZIP	MIAMI, FL 33125
TITLE	P
NAME	EVERINGHAM, PHILIP
STREET ADDRESS	PO BOX 01930
CITY-ST-ZIP	MIAMI, FL 33101
TITLE	D
NAME	OWENS, STEVE
STREET ADDRESS	501 BRICKELL KEY DRIVE, SUITE 600
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	VP
NAME	JUDE, SALLYE
STREET ADDRESS	118 S.W. SOUTH RIVER DRIVE
CITY-ST-ZIP	MIAMI, FL 33130
TITLE	D
NAME	MOORE, MICHAEL
STREET ADDRESS	HOLLAND KONIGHT, 704 BRICKELL AVE 355 Alhambra Cr.
CITY-ST-ZIP	MIAMI, FL 33134 Coral Gables, FL 33134 Suite 1100
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *Brett Bibeau*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/07
Date

305 644 0544
Daytime Phone #