

**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**

**DO NOT WRITE IN THIS SPACE**



01042007 No Chg-NP

CR2E037 (4/06)

4. FEI Number  
**65-0867648**

Applied For  
Not Applicable

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**

**DO NOT WRITE  
IN THIS SPACE**

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 KNIGHT, 701 BRICKELL AVE 355 Nhambrac
CITY-ST-ZIP	MIAMI, FL 33134 Coral Gables, FL 33134 Suite 1100
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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

Date

Daytime Phone #

1/4/07

305 644 0544