


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 07, 2008 8:00 am**  
**Secretary of State**

02-07-2008 90027 004 \*\*\*\*70.00

DOCUMENT # N98000005672			
1. Entity Name MIAMI RIVER FUND, INC.			
Principal Place of Business 1407 NW 7 ST SUITE D MIAMI, FL 33125 <i>Same ↓</i>		Mailing Address 1407 NW 7 ST SUITE D MIAMI, FL 33125 <i>Same ↓</i>	
2. Principal Place of Business - No P.O. Box # <i>1407 NW 7 ST</i>		3. Mailing Address <i>1407 NW 7 ST</i>	
Suite, Apt. #, etc. <i>STE-D</i>		Suite, Apt. #, etc. <i>STE-D</i>	
City & State <i>Miami, FL</i>		City & State <i>Miami, FL</i>	
Zip <i>33125</i>	Country <i>USA</i>	Zip <i>33125</i>	Country <i>USA</i>
4. FEI Number 65-0867648		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		02042008 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent BIBEAU, BRÉTT 1407 NW 7 STREET SUITE D- C/O MIAMI RIVER FUND, INC MIAMI, FL 33125 <i>↓ (Same)</i>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <i>Brett Bibeau</i> 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, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BIBEAU, BRETT 1407 NW 7 STREET, SUITE D MIAMI, FL 33125 <i>(Same) ↘</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EVERINGHAM, PHILIP PO BOX 01930 MIAMI, FL 33101 <i>(Same) ↘</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OWENS, STEVE 501 BRICKELL KEY DRIVE, SUITE 600 MIAMI, FL 33131 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>Mark Baily 1170 NW 11 ST Miami, FL 33125</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JUDE, SALLYE 118 S.W. SOUTH RIVER DRIVE MIAMI, FL 33130 <i>(Same) ↘</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, MICHAEL 355 ALHAMBRA CT SUITE 1100 CORAL GABLES, FL 33134 <i>(Same) ↘</i>	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"/> Delete	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 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: <i>Brett Bibeau</i>		SIGNATURE: <i>Brett Bibeau</i> Date: <i>2/4/08</i> Daytime Phone #: <i>305 644 0544</i>	