

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

<b>DOCUMENT # N98000005672</b> 1. Entity Name <b>MIAMI RIVER FUND, INC.</b>					
Principal Place of Business <b>1407 NW 7 ST SUITE D MIAMI, FL 33125</b> <i>Same as above</i>			Mailing Address <b>1407 NW 7 ST SUITE D MIAMI, FL 33125</b> <i>Same as above</i>		
2. Principal Place of Business - No P.O. Box # <b>1407 NW 7 ST</b>		3. Mailing Address <b>1407 NW 7 ST</b>			
Suite, Apt. #, etc. <b>STE-D</b>		Suite, Apt. #, etc. <b>STE-D</b>			
City & State <b>Miami, FL</b>		City & State <b>Miami, FL</b>			
Zip <b>33125</b>	Country <b>USA</b>	Zip <b>33125</b>	Country <b>USA</b>		
4. FEI Number <b>65-0867648</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BIBEAU, BRÉTT 1407 NW 7 STREET SUITE D- C/O MIAMI RIVER FUND, INC MIAMI, FL 33125</b> <i>(Same as above)</i>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 <u><i>Brett Bibean</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BIBEAU, BRETT 1407 NW 7 STREET, SUITE D MIAMI, FL 33125 <input type="checkbox"/> Delete <i>(Same as above)</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 <input type="checkbox"/> Delete <i>(Same as above)</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	Mark Bailey 1170 NW 11 ST Miami, FL 33125 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JUDE, SALLYE 118 S.W. SOUTH RIVER DRIVE MIAMI, FL 33130 <input type="checkbox"/> Delete <i>(Same as above)</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 <input type="checkbox"/> Delete <i>(Same as above)</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: <u><i>Brett Bibean</i></u> <u>Brett Bibean</u> <u>2/4/08</u> <u>305 644 0544</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					