


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90298 043 ***150.00

DOCUMENT # P01000100799	
1. Entity Name RIVER OAKS VILLAS, INC.	

Principal Place of Business 399 W PALMETTO PARK RD 102 BOCA RATON, FL 33432	Mailing Address 399 W PALMETTO PARK RD 102 BOCA RATON, FL 33432
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14012358



2. Principal Place of Business 1520 SW 23 St.	3. Mailing Address 1520 SW 23 St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

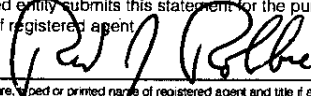
04262004 Chg-P CR2E034 (10/03)

City & State Ft. Lauderdale FL	City & State Ft. Lauderdale FL
Zip 33315	Country USA
Zip 33315	Country USA

4. FEI Number 65-1155731	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WOOD, JEFFREY S MAY, MEACHAM & DAVELL, P.A. ONE FINANCIAL CENTER SUITE 2602 FORT LAUDERDALE, FL 33394	
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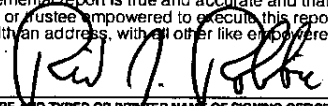
7. Name and Address of New Registered Agent Name Richard J. Robbie Street Address (P.O. Box Number is Not Acceptable) 1520 SW 23 St. City Fort Lauderdale FL Zip Code 33315	
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8. The above named entity submits this statement for the purpose of changing 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 	DATE 4-26-04
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div> <div>PSTD</div> <div>ROBBIE, RICHARD</div> <div>1911 ADAMS STREET</div> <div>HOLLYWOOD, FL 3320</div> </div> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div> <div>VPD</div> <div>DAVIS, DEAN E</div> <div>511 BAYSHORE DRIVE #608</div> <div>FORT LAUDERDALE, FL 33304</div> </div> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div> <div>Richard Robbie</div> <div>1520 SW 23 St.</div> <div>Ft. Lauderdale FL 33315</div> </div> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, 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: 	DATE 4-26-04 DAYTIME PHONE 954-557-4097
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	