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05 JUN 20 AM 11:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000018531

1. Entity Name
LITTLE RIVER PRT. & INVESTMENT CORP.

Principal Place of Business	Mailing Address
7770 N.E. 2ND AVE., STE. B MIAMI, FL 33138	7770 N.E. 2ND AVE., STE. B MIAMI, FL 33138

05202005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
7770 NE 2nd Ave	
Suite, Apt. #, etc.: Suite B	Suite, Apt. #, etc.
City & State: Miami 33138	City & State
Zip / Country	Zip / Country

4. FEI Number 02-0606967 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JOSEPH, ROGER 7770 N.E. 2ND AVE., STE. B MIAMI, FL 33138	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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 _____ DATE 6/6/05
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 7, 2005

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOSEPH, ROGER 1100 N.E. 166 ST. NORTH MIAMI BEACH, FL 33162	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice president	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOSEPH, JEFFERSON R 1100 N.E. 166 ST. NORTH MIAMI BEACH, FL 33162	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice president	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOSEPH, MARJORIE 1100 N.E. 166 ST. NORTH MIAMI BEACH, FL 33162	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1100 NE 166 Street N Miami FL 33162 President	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: _____ 6/6/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #