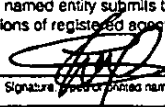
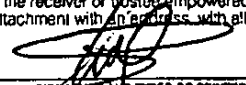


2005 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
06-13-2005 90001 019 ***150.00
P02000018531

05 JUN 20 AM 11:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000018531			
1. Entity Name LITTLE RIVER PRT. & INVESTMENT CORP.			
Principal Place of Business 7770 N.E. 2ND AVE., STE. B MIAMI, FL 33138		Mailing Address 7770 N.E. 2ND AVE., STE. B MIAMI, FL 33138	
2. Principal Place of Business 7770 NE 2nd Ave Suite, Apt. #, etc. Suite B		3. Mailing Address Suite, Apt. #, etc.	
City & State Miami 33138		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent JOSEPH, ROGER 7770 N.E. 2ND AVE., STE. B MIAMI, FL 33138		7. Name and Address of New Registered Agent 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	
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 Beach 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: 		DATE 6/6/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	