DE : COMENAL BQUILLA NO. DE TEL : 095351517

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91463 023 ***150.00

ANNUAL REPORT (UCR)

DOCUMENT # P02000089857

Entity Name
River Cluster of Florida, Inc.

Principal Place of Business
520 BRICKELL KEY DR, STE 0-305
MIAMI FL 33131

Mailing Address
520 BRICKELL KEY DR, STE 0-305
MIAMI FL 33131

Principal Place of Business
Street Address, Apt. #, etc.
City & State
Country
Zip

Mailing Address
Suite, Apt. #, etc.
City & State
Country
Zip

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
68-0522575
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $5.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ANSGLOBAL CORPORATE ADMINISTRATION, INC.
BRICKELL KEY DR, STE 0-305
AMI FL 33131

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL
Zip Code

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 obligations of registered agent.

TURE
Signature, type or printed name of registered agent and title if applicable. NOTE: Registered agent's signature required for filing. Date

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

OFFICERS AND DIRECTORS

D SOSA, CARLOS 520 BRICKELL KEY DR, STE 0-305 MIAMI FL 33131	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
D QUESADA, ROSA MARIA 520 BRICKELL KEY DR, STE 0-305 MIAMI FL 33131	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

COR2E034 (10/02)

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 stated on this report or supplemental report is true and accurate and that my electronic 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: Carlos Sosa 4/8/03 3053743800
SIGNATURE AND TITLE OR AUTHORITY OF SIGNING OFFICER OR AGENT Date Daytime Phone Number