

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 30, 2004 8:00 am**  
**Secretary of State**

07-30-2004 90001 035 \*\*\*150.00



**DOCUMENT # P02000120177**

1. Entity Name  
 MIAMI RIVER VENTURES, INC.

Principal Place of Business  
 4225 WEST 16TH AVENUE  
 SECOND FLOOR  
 HIALEAH, FL 33012

Mailing Address  
 4225 WEST 16TH AVENUE  
 SECOND FLOOR  
 HIALEAH, FL 33012



07272004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>14-1861099 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

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

**6. Name and Address of Current Registered Agent**

ZORRILLA & GARCIA-OLIVER, LLC  
 2200 SOUTH DIXIE HIGHWAY  
 SUITE 705  
 MIAMI, FL 33133

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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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PTD<br>GARCIA, VIVIAN P<br>955 N.E. 71ST STREET<br>MIAMI, FL 33138 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VSD<br>GARCIA, RAMON<br>955 N.E. 71ST STREET<br>MIAMI, FL 33138    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

**DO NOT WRITE IN THIS SPACE**

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 reports 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #