

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000120177

FILED
Apr 15, 2009
Secretary of State

Entity Name: MIAMI RIVER VENTURES, INC.

Current Principal Place of Business:

4225 WEST 16TH AVENUE
SECOND FLOOR
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

4225 WEST 16TH AVENUE
SECOND FLOOR
HIALEAH, FL 33012

New Mailing Address:

FEI Number: 14-1861099 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VSD () Delete
Name: GARCIA, VIVIAN P
Address: 955 N.E. 71ST STREET
City-St-Zip: MIAMI, FL 33138

Title: D () Delete
Name: GARCIA, RAMON
Address: 955 N.E. 71ST STREET
City-St-Zip: MIAMI, FL 33138

Title: PD () Delete
Name: ALVAREZ, SANTIAGO
Address: 4225 WEST 16 AVE
City-St-Zip: HIALEAH, FL 33012

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANTIAGO ALVAREZ

PD

04/15/2009

Electronic Signature of Signing Officer or Director

_____ Date