

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000076372

1. Entity Name  
RIVER MED INTERNATIONAL, INC.



FILED  
CLERK OF DISTRICT COURT  
DIVISION OF CORPORATION  
04 MAY 11 PM 3:37

Principal Place of Business  
2630 N.E. 203RD STREET, SUITE 106  
AVENTURA, FL 33180

Mailing Address  
2630 N.E. 203RD STREET, SUITE 106  
AVENTURA, FL 33180



2. Principal Place of Business  
1900 W. Commercial Blvd.

3. Mailing Address  
1900 W. Commercial Blvd.

Suite, Apt. #, etc.  
Ste: 139

Suite, Apt. #, etc.  
Ste: 139

City & State  
Ft. Lauderdale, FL

City & State  
Ft. Lauderdale, FL

Zip  
33309

Country

Zip  
33309

Country

03012003 Chg-P CR2E034 (10/03)

4. FEI Number  
05-1196180

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

MILLENNIA CONSULTING SERVICES, INC.  
2630 N.E. 203RD STREET, SUITE 106  
AVENTURA, FL 33180

## 7. Name and Address of New Registered Agent

Name  
Elo Enterprises, INC.

Street Address (P.O. Box Number is Not Acceptable)

1900 W. Commercial Blvd. #139

City Ft. Lauderdale FL Zip Code 33309

8. The above named entity submits the 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 \$550.00**  
**Due by September 8, 2004**

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

## 10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete

NAME MACOL COSTA, ANTONIO CESAR

STREET ADDRESS 8216 NORTH WEST 68 STREET

CITY-ST-ZIP MIAMI, FL 33166

TITLE VD ☐ Delete

NAME LOPES COSTA, TANIA MARIA

STREET ADDRESS 8216 NORTH WEST 68 STREET

CITY-ST-ZIP MIAMI, FL 33166

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

400036204124  
05/12/04--01064--001 \*\*2100.00

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #