

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90083 010 \*\*\*150.00

**DOCUMENT # P04000004444**

1. Entity Name

INDIAN RIVER I CORPORATION



Principal Place of Business

1401 UNIVERSITY DR STE 200  
CORAL SPRINGS FL 33071

Mailing Address

1401 UNIVERSITY DR STE 200  
CORAL SPRINGS FL 33071

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number

20-0588148

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRANT, MARK F ESQ  
200 E BROWARD BLVD 15TH FL  
FT LAUDERDALE FL 33301

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

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**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DP
STREET ADDRESS	Ezratti, Itzhak
CITY-ST-ZIP	1401 University Dr. #200 Coral Springs, FL 33071
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VAS
STREET ADDRESS	Fant, Alan J.
CITY-ST-ZIP	1401 University Dr. #200 Coral Springs, FL 33071
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VT
STREET ADDRESS	Costello, Richard A.
CITY-ST-ZIP	1401 University Dr. #200 Coral Springs, FL 33071
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	V
STREET ADDRESS	Norwalk, Richard M.
CITY-ST-ZIP	1401 University Dr. #200 Coral Springs, FL 33071
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	N. Maria Menendez
STREET ADDRESS	1401 University Dr. #200
CITY-ST-ZIP	Coral Springs, FL 33071
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	S
STREET ADDRESS	Corban, Paul
CITY-ST-ZIP	1401 University Dr. #200 Coral Springs, FL 33071

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:

*N. Maria Menendez*  
N. Maria Menendez, Vice President

4/24/05

(954) 753-1730

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #