
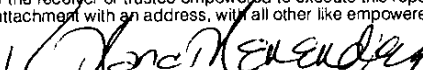


FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90037 046 ***150 00

DOCUMENT # P04000004444				Secretary of State 05-01-2007 90037 046 ***150.00	
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 - No P.O. Box # 1600 Sawgrass Corp Pkwy		3. Mailing Address 1600 Sawgrass Corp Pkwy			
Suite, Apt. #, etc. Suite 300		Suite, Apt. #, etc. Suite 300			
City & State Sunrise, FL		City & State Sunrise, FL		04262007 Chg-P CR2E034 (12/06)	
Zip 33323		Country USA		4. FEI Number 20-0588148	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent GRANT, MARK F ESQ 200 E BROWARD BLVD 15TH FL FT LAUDERDALE, FL 33301			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS CITY - ST - ZIP		
DP EZRATTI, ITZHAK 1600 SAWGRASS CORP PKWY, STE 300 SUNRISE, FL 33323 <input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS CITY - ST - ZIP		
VAS FANT, ALAN J 1600 SAWGRASS CORP PKWY, STE 300 SUNRISE, FL 33323 <input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS CITY - ST - ZIP		
V CASTELLO, RICHARD A 1600 SAWGRASS CORP PKWY, STE 300 SUNRISE, FL 33323 <input checked="" type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS CITY - ST - ZIP		
V NORWALD, RICHARD M 1600 SAWGRASS CORP PKWY, STE 300 SUNRISE, FL 33323 <input type="checkbox"/> Delete			NORWALK, RICHARD M. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS CITY - ST - ZIP		
VT MENENDEZ, N. MARIA 1600 SAWGRASS CORP PKWY, STE 300 SUNRISE, FL 33323 <input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS CITY - ST - ZIP		
S CORBAN, PAUL 1600 SAWGRASS CORP PKWY, STE 300 SUNRISE, FL 33323 <input type="checkbox"/> Delete			CORBAN, PAUL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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, VICE PRESIDENT 4/27/07 954-753-1730					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #					