## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 01, 2008 8:00 am Secretary of State 05-01-2008 90226 048 \*\*\*1 50 00

DOCUMENT # P04000004444  1. Entity Name INDIAN RIVER I CORPORATION							05-01-2008 9	90226 04	8 ***150.	00
Principal Place of Business 1600 SAWGRASS CORP PKWY STE 396 2 3 0 SUNRISE, FL 33323		Mailing Address 1600 SAWGRASS CORP PKWY STE 336 230 SUNRISE, FL 33323				1/1 <b>00</b> /1001 (1) <b>3</b>		III <b>ee</b> iii <b>eei</b> ii <b>e</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				04142008	Chg-P	CR2E0	34 (12/06)	
City & State		City & State				4. FEI Number 20-0588	148			oplied For of Applicable
Zip	Country	Zip	p Countr			5. Certificate of	Status Desired		\$8.75 Add Fee Require	
	6. Name and Address of Current	Registered Agent				7. Name and A	ddress of New F	Registered	Agent	
GRANT, M	IARK F ESQ			Name (	Stev	ven m.	Helfmon	Esq.		
200 E BROWARD BLVD 15TH FL FT LAUDERDALE, FL 33301				Street Address (P.O. Box Number is Not Acceptable)						
	,			10	600	Saugra	ess Corp	PKuy,	Suite 2	230
				City S	Sonci	se	•	۴L	Zip Cod	3323
<ol><li>The above the obligat</li></ol>	named entity submits this statement to ions of registered agent.	or the purpose of changing its	registere	ed office or re	egistered	d agent, or both,	in the State of Fl	orida. I am	familiar with,	and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  DATE										
								DATE		
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.	9. Election Campai Trust Fund Conti		licing		May Be I to Fees				
10.	OFFICERS AND	DIRECTORS	11.			ADDITIONS/CI	HANGES TO OFF	ICERS AND	DIRECTOR:	S IN 11
TITLE NAME	DP Delete T			i i					Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-Zip	1600 Sawgrass Corp Pkwy, Suite 230 Sunrise, FL 33323					
TITLE NAME	VAS	☐ Delete	TITLE						Change	Addition
STREET ADDRESS	TADDRESS 1600 SAWGRASS CORP PKWY, STE 300			ET ADDRESS	1600 Sawgrass Corp Pkwy, Suite 230			ite 230		
CITY-ST-ZIP	SUNRISE, FL 33323	□ p.u		- ST - ZIP		ise, FL 33323			Change	
NAME	MORWALK, RICHARD M	☐ Delete	TITLE		No	RWALK.	Q ICHOOD	m	r ∪nange	Addition
STREET ADDRESS CITY-ST-ZIP	1600 SAWGRASS CORP PKWY, STE 300			ET ADDRESS - ST - ZIP	160	NORWALK, RICHARD M. 1600 Sawgrass Corp Pkwy, Suite 230 Sunrise, FL 33323				
TITLE	VT	☐ Delete	TITLE	- 1					Change	☐ Addition
NAME Street address	MENENDEZ, N. MARIA 1600 SAWGRASS CORP PKWY	STE 300	NAM	E Et address	400	M Causana	O DL 4			
CITY-ST-ZIP	SUNRISE, FL 33323	, 612 500		-ST-ZIP	Sur	nrise, FL 333	Corp Pkwy, S 23	iunte 230		
TITLE NAME	S CORRAN BALL	☐ Delete	TITLE	<b>I</b>					Change	Addition
STREET ADDRESS	CORBAN, PAUL 1600 SAWGRASS CORP PKWY	.STE 300	NAM! STRE	ET ADDRESS	1600	Sawarana Ca	orp Pkwy, Su	ito 220		
CITY-ST-ZIP	SUNRISE, FL 33323	. —		-ST-ZIP	Sunri	ise, FL 33323	··h· vmà' on	43U		
TITLE		☐ Delete	TITLE						☐ Change	Addition
NAME Street address			NAME	E Et address						
CITY-ST-ZIP				-ST-ZIP						
<ol><li>12. I hereby d indicated</li></ol>	certify that the information supplied with on this report or supplemental report is	n this filing does not qualify fo	or the exe	emptions con ture shall hav	ntained in	n Chapter 119, i	lorida Statutes, I	I further cert	tify that the in	nformation or director

The covering that the information supplied with this liking does not quality for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report of 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 of 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 any attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND SUPPLY OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

I. MARIA MENENDEZ, VICE PRESIDENT 9/29/02

954-753-1730

Daytime Phone #