
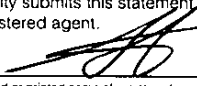
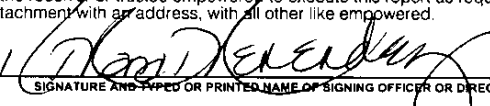


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90226 048 ***150.00

| | | | | | |
|---|---|---------------------|--|--|--|
| DOCUMENT # P04000004444 1. Entity Name INDIAN RIVER I CORPORATION | | | |  | |
| Principal Place of Business 1600 SAWGRASS CORP PKWY STE 300 230 SUNRISE, FL 33323 | | | Mailing Address 1600 SAWGRASS CORP PKWY STE 300 230 SUNRISE, FL 33323 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 20-0588148 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 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 Steven M. Helfman, Esq. Street Address (P.O. Box Number is Not Acceptable) 1600 Sawgrass Corp Pkwy, Suite 230 City Sunrise FL Zip Code 33323 | |
| 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  4/29/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 | DP EZRATTI, ITZHAK 1600 SAWGRASS CORP PKWY, STE 300 SUNRISE, FL 33323 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1600 Sawgrass Corp Pkwy, Suite 230 Sunrise, FL 33323 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VAS FANT, ALAN J 1600 SAWGRASS CORP PKWY, STE 300 SUNRISE, FL 33323 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1600 Sawgrass Corp Pkwy, Suite 230 Sunrise, FL 33323 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V MORWALK, RICHARD M 1600 SAWGRASS CORP PKWY, STE 300 SUNRISE, FL 33323 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NORWALK, RICHARD M. 1600 Sawgrass Corp Pkwy, Suite 230 Sunrise, FL 33323 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VT MENENDEZ, N. MARIA 1600 SAWGRASS CORP PKWY, STE 300 SUNRISE, FL 33323 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1600 Sawgrass Corp Pkwy, Suite 230 Sunrise, FL 33323 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S CORBAN, PAUL 1600 SAWGRASS CORP PKWY, STE 300 SUNRISE, FL 33323 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1600 Sawgrass Corp Pkwy, Suite 230 Sunrise, FL 33323 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input 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 any attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE:  | | | N. MARIA MENENDEZ, VICE PRESIDENT 9/29/08 <small>Signature and typed or printed name of signing officer or director Date Daytime Phone #</small> | | |