

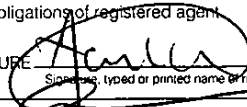
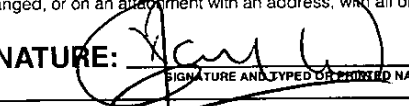


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000069694 1. Entity Name ANLLONS RIVER, INC.				FILED 05 SEP 19 PM 3:02 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 11455 W FLAGLER ST 503 MIAMI, FL 33172		Mailing Address 11455 W FLAGLER ST 503 MIAMI, FL 33172			
2. Principal Place of Business 7951 SW 40th Street Suite, Apt. #, etc. 206 City & State Miami, FL Zip 33155 Country Dade		3. Mailing Address 7951 SW 40th Street Suite, Apt. #, etc. 206 City & State Miami, FL Zip 33155 Country Dade			
4. FEI Number 20-3404065		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		09022005 Chg-P CR2E034 (10/03)			
6. Name and Address of Current Registered Agent DELREAL, JAVIER P 11455 W FLAGLER ST 503 MIAMI, FL 33172			7. Name and Address of New Registered Agent Name Javier P. Delreal Street Address (P.O. Box Number is Not Acceptable) 7951 SW 40th Street, Ste 206 City Miami FL Zip Code 33155		
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:  DATE: 9/2/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES PEREZ DELREAL, JAVIER 11455 W FLAGLER ST. # 503 MIAMI, FL 33172	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. Javier Perez Delreal 7951 SW 40th Street Ste. 206 Miami, FL 33155	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC. PEREZ, CARLOS A 11455 W FLAGLER ST # 503 MIAMI, FL 33172	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec. Carlos A. Perez 7951 SW 40th Street Ste 206 Miami, FL 33155	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES PEREZ DELREAL, ENRIQUE 11455 W FLAGLER ST # 503 MIAMI, FL 33172	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tres Enrique Perez Delreal 7951 SW 40th Street, Ste. 206 Miami, FL 33155	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ORTIZ, FRANCISCO 11455 W FLAGLER ST # 503 MIAMI, FL 33172	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Francisco Ortiz 7951 SW 40th Street, Ste. 206 Miami, FL 33155	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 			Date: 9/2/05 Daytime Phone #: 305-261-6251		