


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

05-03-2005 90083 011 ***150.00

DOCUMENT # P04000089732			
1. Entity Name INDIAN RIVER II 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 20-1245686		<input type="checkbox"/> Applied For <input checked="" 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		7. Name and Address of New Registered Agent	
GRANT, MARK F ESQ. 200 EAST BROWARD BLVD., 15TH FLOOR 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 _____ (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 ☐ **\$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	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	DP
STREET ADDRESS		STREET ADDRESS	Ezratti, Itzhak
CITY-ST-ZIP		CITY-ST-ZIP	1401 University Dr. #200 Coral Springs, FL 33071
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	VAS
STREET ADDRESS		STREET ADDRESS	Fant, Alan J.
CITY-ST-ZIP		CITY-ST-ZIP	1401 University Dr. #200 Coral Springs, FL 33071
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	VT
STREET ADDRESS		STREET ADDRESS	Costello, Richard A.
CITY-ST-ZIP		CITY-ST-ZIP	1401 University Dr. #200 Coral Springs, FL 33071
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	V
STREET ADDRESS		STREET ADDRESS	Norwalk, Richard M.
CITY-ST-ZIP		CITY-ST-ZIP	1401 University Dr. #200 Coral Springs, FL 33071
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	N
STREET ADDRESS		STREET ADDRESS	Maria Menendez
CITY-ST-ZIP		CITY-ST-ZIP	1401 University Dr. #200 Coral Springs, FL 33071
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	S
STREET ADDRESS		STREET ADDRESS	Corban, Paul
CITY-ST-ZIP		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: Maria Menendez **Maria Menendez, Vice President** 4/28/05 **(954) 753-1730**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #