


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90059 001 \*1,650.00

<b>DOCUMENT # P05000150591</b> 1. Entity Name <b>STAFFORD RIVER CORPORATION</b>					
Principal Place of Business <b>150 ALHAMBRA CIRCLE SUITE 1150 CORAL GABLES, FL 33134</b>			Mailing Address <b>150 ALHAMBRA CIRCLE SUITE 1150 CORAL GABLES, FL 33134</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		4. FEI Number <span style="float: right;"><input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable</span>			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>HUESMANN, NICOLE J 150 ALHAMBRA CIRCLE SUITE 1150 CORAL GABLES, FL 33134</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> 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 re-registering) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>TSENG, MEI NA 150 ALHAMBRA CIRCLE, SUITE 1150 CORAL GABLES, FL 33134</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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 an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <u>Director Meina Tseng</u> <span style="float: right;">2/10/06 786 525 9810</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <span style="float: right;"><small>Date Day:me Phone #</small></span>					

66006416



01102006 Chg-P CR2E034 (11/05)



ATTACHMENT  
66006416

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 22, 2006

STAFFORD RIVER CORPORATION  
150 ALHAMBRA CIRCLE  
SUITE 1150  
CORAL GABLES, FL 33134

Subject: STAFFORD RIVER CORPORATION

Reference Number: P05000150591

Please be advised, we have received your annual report/uniform business report and check(s) totaling \$1,650.00 of which \$150.00 has been designated to file this report. However, the enclosed annual report/uniform business report **has not been filed** and a copy is being returned to you for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/CD

ANNUAL REPORTS SECTION