

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90216 012 ***150.00

DOCUMENT # P95000014044

1. Entity Name
SEA RIVER CORPORATION



Principal Place of Business
**601 BRICKELL KEY DR
SUITE 805
MIAMI, FL 33131**

Mailing Address
**601 BRICKELL KEY DR
SUITE 805
MIAMI, FL 33131**

94073764



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

1441 BRICKELL AVE. SUITE 1014

Suite, Apt. #, etc.

1441 BRICKELL AVE. SUITE 1014

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33131

Country

U.S

Zip

33131

Country

U.S

03302004

Chg-P

CR2E034 (10/03)

4. FEI Number

65-0582823

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ALLEN & GALEGO,
601 BRICKELL KEY DR
SUITE 805
MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name **ROBERT ALLEN LAW**

Street Address (P.O. Box Number is Not Acceptable)

1441 BRICKELL AVE. SUITE 1014

City **MIAMI**

FL

Zip Code **33131**

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

Signature, typed or printed name of registered agent and title if applicable.

By: Robert N. Allen, Jr. PRESIDENT

DATE

4/29/04

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PSD** ☒ Delete
NAME **DOUGLAS SOUZA LIMA**
STREET ADDRESS **601 BRICKELL KEY DR., STE 805**
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE **V** ☒ Delete
NAME **MENE, RONALD**
STREET ADDRESS **601 BRICKELL KEY DR., STE 805**
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE **SS** ☒ Delete
NAME **ALLEN, ROBERT N. JR.**
STREET ADDRESS **601 BRICKELL KEY DR., STE 805**
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSD** ☒ Change ☐ Addition
NAME **DOUGLAS SOUZA LIMA**
STREET ADDRESS **1441 BRICKELL AVE. SUITE 1014**
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE **V** ☒ Change ☐ Addition
NAME **MENE, RONALD**
STREET ADDRESS **1441 BRICKELL AVE. SUITE 1014**
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE **SS** ☒ Change ☐ Addition
NAME **ALLEN, ROBERT N. JR.**
STREET ADDRESS **1441 BRICKELL AVE. SUITE 1014**
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert N. Allen Jr.

4/29/04

305-372-3300

Date

Daytime Phone #