2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 29, 2005 8:00 am Secretary of State DOCUMENT # P95000014044 04-29-2005 90187 040 ***150.00 SEA RIVER CORPORATION Principal Place of Business Mailing Address 1441 BRICKELL AVE STE 1014 1441 BRICKELL AVE STE 1014 MIAMI, FL 33131 MIAMI, FL 33131 3. Mailing Address 1441 BRICKELL AVE 2. Principal Place of Business 1441 BRICKELL AVE Suite, Apt. #, etc. Suite, Apt. #, etc. 01252005 Chg-P CR2E034 (10/03) 1400 1400 Applied For City & State City & State 4. FEI Number MIAMI, FL MEAMI, FL 65-0582823 Not Applicable Country Zip Country 7in \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROBERT ALLEN LAW ROBERT ALLEN LAW Street Address (P.O. Box Number is Not Acceptable) 1441 BRICKELL AVE STE 1014 MIAMI, FL 33131 **SUITE 1400** MIAMI 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 Fiorida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE Change ☐ Addition Douglas Souza Uma 1441 Brickell Ovenue ste 1400 DOUGLAS SOUZA LIMA NAME NAME STREET ADORESS 1441 BRICKELL AVE STE 1014 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 CITY-ST-ZIP miami, Fl 33131 Delete TITLE mene, Ronald MENE, RONALD NAME NAME 1441 Brickell Avenue Ste 1400 STREET ADDRESS 1441 BRICKELL AVE STE 1014 STREET ADDRESS <u>miami</u> Fl 33131 MIAMI, FL 33131 CITY-ST-7IP CITY-ST-7IP Delete TITLE TITLE Bonavita, Umberto ALLEN, ROBERT N. JR. NAME NAME 1441 BRICKELL AVE STE 1014 STREET ADDRESS 1441 Brickell Avenue ste 1400 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 CITY-ST-ZIP miami Fl 33/3/ Delete TITLE TITI E ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplies 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 perport is frue 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 justice 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 appears in Block 10 or Block 11 if Imberto Bonavita SIGNATURE:

FILED