


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000102854

1. Entity Name
SOUTH RIVER INVESTORS CORP.



Principal Place of Business 8211 NW 64 ST. # 6 MIAMI, FL 33166	Mailing Address 8211 NW 64 ST. # 6 MIAMI, FL 33166
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DO NOT WRITE IN THIS SPACE



04262004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0796151	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**OVIES, IDA C
2307 DOUGLAS RD
STE 400
MIAMI, FL 33145**

**DO NOT WRITE
IN THIS SPACE**

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 must be printed name of registered agent, officer or director. If 2 E Registered Agent signature required, use "Registering" DATE

**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 NAME STREET ADDRESS CITY - ST - ZIP	D NIRO, CLAUDIO 8211 NW 64ST #6 MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DOMINGUEZ, CHRISTIAN 8211 NW 64 ST #6 MIAMI, FL 33166
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04/29/04-80043-017 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(j), 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]* **M. Rivera** **4/26/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #