

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90080 041 ***150.00

DOCUMENT # P98000009986

1. Entity Name
MC RIVER INC.



Principal Place of Business

**14936 SW 104 ST
23
MIAMI, FL 33196**

Mailing Address

**14936 SW 104 ST
23
MIAMI, FL 33196**

40029934



03082006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0810179

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RIOS, RAFAEL
14936 SW 104 ST. #23
MIAMI, FL 33196**

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME RIOS, RAFAEL
STREET ADDRESS 14936 SW 104TH STREET #23
CITY - ST - ZIP MIAMI, FL 33196

TITLE SD
NAME RIOS, BERNARDINA
STREET ADDRESS 14936 SW 104TH STREET #23
CITY - ST - ZIP MIAMI, FL 33196

TITLE TD
NAME RIOS, KARLA
STREET ADDRESS 14936 SW 104TH STREET #23
CITY - ST - ZIP MIAMI, FL 33196

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

P D

Mar. 08. 06

Date

305 218 0740

Daytime Phone #