

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90046 010 ***150.00

DOCUMENT # P98000028353

1. Entity Name
SOUTH RIVER CORP.



Principal Place of Business
8085 N.W. 90TH STREET
MEDLEY, FL 33166 US

Mailing Address
~~P.O. BOX 2485~~
~~OCALA, FL 34478 US~~
8085 NW 90th St
Medley, FL 33166

J40J0001



04142004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0838507	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

~~CARRERAS, RAUL JR~~
~~101 SW THIRD STREET~~
~~OCALA, FL 34474~~

Clara Belinsky
8085 NW 90th St
Medley, FL 33166

**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

Clara Belinsky, President

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

(NOTE: Registered Agent signature required when reinstating)

4/16/04

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	SD
NAME	BELINSKY, STEVEN A
STREET ADDRESS	726 PARADISO AVENUE
CITY-ST-ZIP	CORAL GABLES, FL 33416
TITLE	PD
NAME	BELINSKY, CLARA
STREET ADDRESS	726 PARADISO AVENUE
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	VD
NAME	AYA, LUIS E
STREET ADDRESS	9433 BAY DRIVE
CITY-ST-ZIP	SURFSIDE, FL 33154
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 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:

Clara Belinsky, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/16/04

Daytime Phone #

305-884-8612