


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90020 037 ***150.00

DOCUMENT # P99000070436

1. Entity Name
AMAZON RIVER JUNGLE, INC.



Principal Place of Business Mailing Address
905 BRICKELL BAY DRIVE #1930 **905 BRICKELL BAY DRIVE #1930**
MIAMI, FL 33131 **MIAMI, FL 33131**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



02272004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

HONORATO, ELIANE RITTA
905 BRICKELL BAY DRIVE #1930
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (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	PVD	<input type="checkbox"/> Delete
NAME	HONORATO, ELAINE RITTA	
STREET ADDRESS	905 BRICKELL BAY DRIVE #1930	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	A	<input type="checkbox"/> Delete
NAME	HONORDIO, HELENY	
STREET ADDRESS	801 BRICKELL BAY DR #1270	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PVD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HONORATO, ELIANE RITTA		
STREET ADDRESS	905 BRICKELL BAY DR #1930		
CITY-ST-ZIP	MIAMI, FL - 33131		
TITLE	A	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HONORATO, HELENY		
STREET ADDRESS	801 BRICKELL BAY DR #1270		
CITY-ST-ZIP	MIAMI, FL - 33131		
TITLE	M	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	INDRA J. C. ATHAYDE		
STREET ADDRESS	905 BRICKELL BAY DR #1930		
CITY-ST-ZIP	MIAMI, FL - 33131		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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: *Elaine Ritta Honorato* 03/10/04 (305) 3717871
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #