

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000102538

FILED  
Jan 14, 2005  
Secretary of State

Entity Name: SAINT RIVER INTERNATIONAL BUSINESS, INC.

## Current Principal Place of Business:

1970 NE 172 ST.  
SUITE 4  
NORTH MIAMI BEACH, FL 33162

## New Principal Place of Business:

16300 NE 19 AVE  
SUITE C  
NORTH MIAMI BEACH, FL 33162

## Current Mailing Address:

16300 NE 19 AVE  
SUITE C  
NORTH MIAMI BEACH, FL 33162

## New Mailing Address:

FEI Number: 65-0964248      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SILVA'S ENTERPRISE, INC.  
16300 N.E. 19 AVE.  
STE C  
NORTH MIAMI BEACH, FL 33162 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: SILVA, LUZ C  
Address: 16300 NE 19 AVE STE C  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: VD ( ) Delete  
Name: MONTANA, WILLIAM R  
Address: 16300 NE 19 AVE STE C  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUZ C. SILVA

PD

01/14/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date