


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90247 036 ***158.75

DOCUMENT # P04000160025

1. Entity Name
RHINO7, INC.



Principal Place of Business
3001 NW 4TH TERRACE #172 POMPANO BEACH, FL 33064

Mailing Address
3001 NW 4TH TERRACE #172 POMPANO BEACH, FL 33064

20049400



2. Principal Place of Business
3191 Palm Trace Landings Dr. #1007 Davie, FL 33314

3. Mailing Address
3191 Palm Trace Landings Dr. #1007 Davie, FL 33314

03302005 Chg-P CR2E034 (10/03)

4. FEI Number
20-1926601

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

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
**OBLANDER, RYAN A
 3001 NW 4TH TERRACE #172 POMPANO BEACH, FL 33064**

7. Name and Address of New Registered Agent
 Name **Oblander, Ryan A**
 Street Address (P.O. Box Number is Not Acceptable)
3191 Palm Trace Landings Dr. #1007 Davie, FL 33314

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 *R. A. OBLANDER* **RYAN A OBLANDER** DATE **4/15/05**

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, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OBLANDER, RYAN A			NAME			
STREET ADDRESS	3001 NW 4TH TERRACE #172			STREET ADDRESS	3191 Palm Trace Landings Dr. #1007		
CITY-ST-ZIP	POMPANO BEACH, FL 33064			CITY-ST-ZIP	Davie, FL 33314		
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OBLANDER, RYAN A			NAME			
STREET ADDRESS	3001 NW 4TH TERRACE #172			STREET ADDRESS	"		
CITY-ST-ZIP	POMPANO BEACH, FL 33064			CITY-ST-ZIP	"		
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OBLANDER, RYAN A			NAME			
STREET ADDRESS	3001 NW 4TH TERRACE #172			STREET ADDRESS	"		
CITY-ST-ZIP	POMPANO BEACH, FL 33064			CITY-ST-ZIP	"		
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OBLANDER, RYAN A			NAME			
STREET ADDRESS	3001 NW 4TH TERRACE #172			STREET ADDRESS	"		
CITY-ST-ZIP	POMPANO BEACH, FL 33064			CITY-ST-ZIP	"		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: *R. A. OBLANDER* **RYAN A OBLANDER** DATE **4/15/05** DAYTIME PHONE # **954-585-8717**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #