

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2005 8:00 am
Secretary of State

03-29-2005 90117 003 *2,698.75
 03-29-2005 90117 004 ***476.25

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01062005 Chg-P CR2E034 (10/03)

DOCUMENT # P96000024298						
1. Entity Name RHSEF, INC.						
Principal Place of Business 2295 CORPORATE BLVD., NW SUITE 222 BOCA RATON, FL 33431			Mailing Address 2295 CORPORATE BLVD., NW SUITE 222 BOCA RATON, FL 33431			
2. Principal Place of Business			3. Mailing Address			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			
City & State			City & State			
Zip		Country	Zip		Country	
4. FEI Number 65-0657559				Applied For Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			
THE HERRICK COMPANY, INC. 2295 CORPORATE BLVD., NW SUITE 222 BOCA RATON, FL 33431			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____						
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	VPS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	HERRICK, NORTON		NAME			
STREET ADDRESS	2295 CORPORATE BLVD N.W. STE. 222		STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 33431		CITY-ST-ZIP			
TITLE	PAS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	HERRICK, HOWARD		NAME			
STREET ADDRESS	2 RIDGEDALE AVE STE 370		STREET ADDRESS			
CITY-ST-ZIP	CEDAR KNOLLS, NJ 07927		CITY-ST-ZIP			
TITLE	VAS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	HERRICK, MICHAEL		NAME			
STREET ADDRESS	2 RIDGEDALE AVE STE 370		STREET ADDRESS			
CITY-ST-ZIP	CEDAR KNOLLS, NJ 07927		CITY-ST-ZIP			
TITLE	C	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	KERMALLI, NISAR		NAME			
STREET ADDRESS	2 RIDGEDALE AVE STE 370		STREET ADDRESS			
CITY-ST-ZIP	CEDAR KNOLLS, NJ 07927		CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	HERRICK, ELAYNE		NAME			
STREET ADDRESS	400 SE 5TH AVE., PH 1104		STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 33432		CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME			NAME	Evan Herrick		
STREET ADDRESS			STREET ADDRESS	2 Ridgedale Ave, Ste. 370		
CITY-ST-ZIP			CITY-ST-ZIP	Cedar Knolls, NJ 07927		
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: <i>[Signature]</i>			Date: 3/22/05			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #			