

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 530978

Entity Name: RIFE, INC.

FILED
Apr 28, 2004
Secretary of State

Current Principal Place of Business:

970 SOUTH MILITARY TRAIL
WEST PALM BCH, FL 334153910

New Principal Place of Business:

Current Mailing Address:

970 SOUTH MILITARY TRAIL
WEST PALM BCH, FL 334153910

New Mailing Address:

FEI Number: 59-1738944

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIFENBERG, DENNIS F.
970 SOUTH MILITARY TRAIL
WEST PALM BCH, FL 33406 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: DV () Delete
Name: RIFENBERG, DENNIS,
Address: 970 S MILITARY TRAIL
City-St-Zip: W PALM BCH, FL 00000,

Title: DPT () Delete
Name: RIFENBERG, JAMES G.,
Address: 970 SOUTH MILITARY TRL
City-St-Zip: WEST PALM BCH FL,

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: DENNIS RIFENBERG

DV

04/28/2004

Electronic Signature of Signing Officer or Director

Date