2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 12, 2005 8:00 am Secretary of State 01-12-2005 90011 029 ***158.75

1. Entity Nan	ne	# G46898 RISES, INC.						01-12-2003	90011 02	.9 ***138.	.73
Principal Plac	e of Busines	s	Mailing Address	447				•-			
15755 NW 1 PO BOX 695	15 AVE 5203		15755 NW 15 AV PO BOX 695203	15755 NW 15 AVE PO BOX 695203				,			
MIAMI, FL 3	3269-9203		MIAMI, FL 3326	9-9203		- 1	1 1821113 220	ı dizis Gilve Jerry Lucus	ISTI SISIN BISTI S	and a company of the Car	#(###) 11 (##)
2. Principal Place of Business			3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			01072005	Chg-P	CR2E	034 (10/03)	
City & State			City & State				4. FEI Number 52-131			⊢	pplied For ot Applicable
Zip	Country		Zip	Zip Count		5. Certificate of Status Desired			\$8.75 Add		
	- 6 Name	and Address of Curren	t Registered Agent			<u> 1</u>	7 Name and	Address of New		<u></u>	
	o, maine	and Addison Contain	7. Name and Address of New Registered Agent Name								
CHABAN, 15755 NW		BARROSO, JUAN CARLOS Street Address (P.O. Box Number is Not Acceptable)									
MIAMI, FL	33169			\$57559N			M 15+h 3772				
į		/:/	h				NW 15th AVE				
A The			A/A	Image 18 - 1 - 1 - 8 - 1	IMT	IAMI		u in the State of I	FI	<u> </u>	169
	named entitions of regis	y submits this statement t tered agent.	or the purpose of chang	ing its register	rea office or t	registere	d agent, or bo	th, in the State of t	-ioriota. Tan	yamıllar with,	, and accept
$1/\sqrt{1/05}$											
SIGNATURE	Signature, typed	or printed name of registered agen	t and title if applicable.	(NOTE: Registere	ed Agent signatur	e required w	hen reinstating)		DATE		
FILE NOWILI FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees											
10.		OFFICERS AND	DIRECTORS	11.			ADDITIONS/	CHANGES TO OF	FICERS AN	D DIRECTOR	S IN 11
TITLE	PTD	6. J	Delete			TD				Change	Addition
NAME STREET ADDRESS	1	, SHELDON W. 15TH AVENUE					RROSO, JUAN CARLOS				
CITY-ST-ZIP	MIAMI, FL				/-ST-ZIP		55 NW 15				
TITLE	VSD		☐ Delete	TITL	.E	SD	11 J 1 11			Change	Addition
NAME	1	O, JUAN CARLOS		NAME STREET			CHABAN, SHELDON				
STREET ADDRESS CITY-ST-ZIP	15755 N.\ MIAMI, FL	W. 15TH AVENUE		CITY-			5 NW 15	th AVE			ĺ
TITLE			Delete			PD	II, FL	33169		Change	Addition
NAME				NAM	- 1		ROSO, OM	AIDA		<u> </u>	A. Janes
STREET ADDRESS	1				EET ADDRESS		55 NW 15				.]
CITY-ST-ZIP		QC. · · · ·			'-ST-ZIP	MTAM	II, FL	33169		Change	- PT Addition
TITLE NAME			☐ Delete	TITLI NAM	i	OD VE	מאכו ואא	mt a		Change	Addition
STREET ADDRESS					EET ADDRESS		SAN, PAT 55 NW 15	_			
CITY-ST-ZIP				CITY	-ST-ZIP	MIAM		33169			
TITLE		:	☐ Delete	TITL						Change	☐ Addition
NAME STREET ADDRESS			÷ .	NAM. STRE	ET ADDRESS				•		
. CITY-ST-ZIP					-ST-ZIP		r				·
TITLE			☐ Delete	TITU	E					☐ Change	Addition
NAME		. ***	//	NAM		,		•			
STREET ADDRESS CITY-ST-ZIP		/			ET ADDRESS -ST-ZIP				,		
	ertify that the	e information supplied wit	h this filing lines pet qua			d in Sect	tion 119.07(3\fi), Florida Statutes	. I further ce	rtify that the in	nformation
12. I hereby certify that the information supplied with the filing floes per 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 the and accurate and that have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or toxistee episcowered toxiscute this port 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 addition, with all other like empowered.											
SIGNATURE: // // // 1/1/03 (303) 625-670										-670/	
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