2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: (

May 02, 2005 08:00 AM Secretary of State **DOCUMENT # G57556** 1. Entity Name DON-RICE, INC. Mailing Address Principal Place of Business 9180 N.W. 100 ST. 9180 N.W. 100 ST. MIAMI, FL 33178 MIAMI, FL 33178 No Chg-P CR2E034 (10/03) 01212005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2373424 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RODRIGUEZ, RAFAEL E. DO NOT WRITE 9180 N.W. 100 ST. MIAMI, FL 33178 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE RODRIGUEZ, RAFAEL E. NAME 10330 SW 19TH STREET STREET ADDRESS U00000352345 CITY-ST-ZIP MIAMI, FL 05/03/05-80023-020 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY - ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 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.

OFFICER OR DIRECTOR

FILED

305-887-0788