2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

L82970 DOCUMENT

1. Entity Name

RHING ENTERPRISES, INC.



Mar 20, 2003 8:00 am & Secretary of State **FILED**

03-20-2003 90132 037 ***150.00

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US 2. Principal Place of Business 3. Making Address Surte, Apr. #, etc Surte, Apr. #, etc CHECK HERE IF MAKING CHANGES Zip Country Zip Country 5. Certificate of Status Desired \$6.70217283 Appt ad Formation Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FHING, MARY A 1300 N FLORIDA MANGO RD #14 CS WEST PALM BEACH FL 33409 City Street Address (P.O. Box Number's Not Acceptable) Signature of entity submits this statement for the purpose of changing to registered agent, or both in the State of Rocks 1 am familiar with, and acceptable heads gladicon of registered agent P.C. Box Number's Not Acceptable Signature of registered agent P.C. Box Number's Not Acceptable Signature of registered agent P.C. Box Number's Not Acceptable Signature of registered agent P.C. Box Number's Not Acceptable Signature of registered agent P.C. Box Number's Not Acceptable Signature of registered agent P.C. Box Number's Not Acceptable Signature of registered agent P.C. Box Number's Not Acceptable Signature of registered agent P.C. Box Number's Not Acceptable Signature of registered agent P.C. Box Number's Not Acceptable Signature of registered agent P.C. Box Number's Not Acceptable Signature of registered agent P.C. Box Number's Not Acceptable Signature of registered agent P.C. Box Number's Not Acceptable Signature of registered agent P.C. Box Number's Not Acceptable Signature of registered agent P.C. Box Number's Not Acceptable Signature of registered agent P.C. Box Number's Not Acceptable Signature of registered agent P.C. Box Number's Not Acceptable Signature of registered agent P.C. Box Number's Numb	1300 N FLORIDA MANGO RD # 14			1300 N FLORIDA MANGO RD # 14							
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1300 N FLORIDA MANGO RD #14 C-5 WEST PÁLM BEACH FL 33409 8. The above named entity submilis this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with					Name)					
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B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registored agent. Signature Signature typed or printed name of implanted agent and title if applicable. INCTE. Registered Agent signature required when reversaling) DATE		•									
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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.

March 17, 2003