# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jun 16, 2007**
**Secretary of State**

DOCUMENT# N06000010195

**Entity Name:** RICK ROSS CHARITIES, INC.

**Current Principal Place of Business:**

1750 NW 193RD ST.
MIAMI GARDENS, FL 33056

**New Principal Place of Business:**

**Current Mailing Address:**

1750 NW 193RD ST.
MIAMI GARDENS, FL 33056

**New Mailing Address:**

**FEI Number: 20-5701485** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**

**Name and Address of Current Registered Agent:**

ROBERTS, TAWANDA
1750 NW 193RD ST.
MIAMI GARDENS, FL 33056 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

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete
Name: ROBERTS, TAWANDA
Address: 1750 NW 193RD ST.
City-St-Zip: MIAMI GARDENS, FL 33056

Title: D ( ) Delete
Name: ROBERTS, TOMMIE A
Address: 1750 NW 193RD ST.
City-St-Zip: MIAMI GARDENS, FL 33056

Title: D ( ) Delete
Name: LEVISTON, LASTONIA
Address: 1750 NW 193RD ST.
City-St-Zip: MIAMI GARDENS, FL 33056

Title: D ( ) Delete
Name: JACKSON, EBONY
Address: 1750 NW 193RD ST.
City-St-Zip: MIAMI GARDENS, FL 33056

Title: D ( ) Delete
Name: BARR, THOMAS JR.
Address: 1750 NW 193RD ST.
City-St-Zip: MIAMI GARDENS, FL 33056

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 exemption stated in Chapter 119, 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TAWANDA ROBERTS DIRE 06/16/2007

Electronic Signature of Signing Officer or Director — Date