

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010195

FILED
Apr 30, 2008
Secretary of State

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 ()

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

Title: D (X) 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

D

04/30/2008

Electronic Signature of Signing Officer or Director

Date