

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 01, 2004 8:00 am
Secretary of State

06-01-2004 90001 023 ***150.00

DOCUMENT # P010000 71231
1. Entity Name
rhinomite, inc.

DO NOT WRITE IN THIS SPACE

54055878

2. Principal Place of Business 7522 Wiles Road Suite, Apt. #, etc. B108	3. Mailing Address same Suite, Apt. #, etc.
--	--

DO NOT WRITE IN THIS SPACE

City & State Coral Springs, FL	City & State
Zip 33067	Country USA

4. FEI Number 65-1123441	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name Sylvia Miller	
Street Address (P.O. Box Number is Not Acceptable) 6363 N W 106 Terrace	
City Parkland	FL Zip Code 33076

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 Signature, typed or printed of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	------------------------------------

10. OFFICERS AND DIRECTORS		
TITLE President NAME Sylvia Miller STREET ADDRESS 6363 N W 106 Terrace CITY-ST-ZIP Parkland, FL 33076	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE CEO NAME Craig Miller STREET ADDRESS 6363 N W 106 Terrace CITY-ST-ZIP Parkland, FL 33076	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	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 on an attachment with an address, with all other like empowered.

SIGNATURE: <u>Craig Miller</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<u>4/30/04</u> Date	<u>954-345-7896</u> Daytime Phone #
--	------------------------	--