

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90047 010 ***150.00

DOCUMENT # P04000129758					
1. Entity Name RISE ABOVE ALL ,INC					
Principal Place of Business 4777 NW 4 COURT PLANTATION, FL 33317 US			Mailing Address 4777 NW 4 COURT PLANTATION, FL 33317 US		
2. Principal Place of Business 491 N.W. 42 ND AVENUE Suite, Apt. #, etc. Apt. # 4 City & State Plantation, FL Zip 33317 Country U.S.A.		3. Mailing Address 491 N.W. 42 ND AVENUE Suite, Apt. #, etc. Apt. # 4 City & State Plantation, FL Zip 33317 Country U.S.A.		50018891 	
6. Name and Address of Current Registered Agent COX, CHARLEENA 4777 NW 4 COURT PLANTATION, FL 33317		7. Name and Address of New Registered Agent -Name- Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 <u>Charleena C. Cox</u> DATE <u>2/21/2005</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT COX, CHARLEENA 4777 NW 4 COURT PLANTATION, FL 33317		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COX, CHARLEENA 491 N.W. 42 ND AVENUE PLANTATION, FL 33317	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
SIGNATURE: <u>Charleena C. Cox</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>2/21/2005</u> Daytime Phone # <u>954.815.2514</u>		