

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000129758

Entity Name: RISE ABOVE ALL ,INC

FILED
Apr 28, 2006
Secretary of State

Current Principal Place of Business:

491 NW 42ND AVENUE
APT # 4
PLANTATION, FL 33317 US

Current Mailing Address:

491 NW 42ND AVENUE
APT # 4
PLANTATION, FL 33317 US

New Principal Place of Business:

6900 SW 39TH STREET
UNIT #210
DAVIE, FL 33314 US

New Mailing Address:

6900 SW 39TH STREET
UNIT #210
DAVIE, FL 33314 US

FEI Number: 20-1615744 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COX, CHARLEENA
4777 NW 4 COURT
PLANTATION, FL 33317 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: COX, CHARLEENA
Address: 491 NW 42ND AVENUE
City-St-Zip: PLANTATION, FL 33317 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: COX, CHARLEENA
Address: 6900 SW 39TH STREET
City-St-Zip: DAVIE, FL 33314 US

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLEENA COX

P

04/28/2006

Electronic Signature of Signing Officer or Director

Date