


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90247 036 ***158.75

DOCUMENT # P04000160025	
1. Entity Name RHINO7, INC.	

Principal Place of Business 3001 NW 4TH TERRACE #172 POMPANO BEACH, FL 33064	Mailing Address 3001 NW 4TH TERRACE #172 POMPANO BEACH, FL 33064
--	--

2. Principal Place of Business 3191 Palm Trace Landings Dr. Suite, Apt. #, etc. #1007 Davie, FL Zip 33314 Country US	3. Mailing Address 3191 Palm Trace Landings Dr. Suite, Apt. #, etc. #1007 Davie, FL Zip 33314 Country US
--	--

20044400

03302005 Chg-P CR2E034 (10/03)

4. FEI Number 20-1926601	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent OBLANDER, RYAN A 3001 NW 4TH TERRACE #172 POMPANO BEACH, FL 33064	
---	--

7. Name and Address of New Registered Agent Name Oblander, Ryan A Street Address (P.O. Box Number is Not Acceptable) 3191 Palm Trace Landings Dr. #1007 City Davie FL Zip Code 33314	
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><i>DAW</i></u> RYAN A OBLANDER 4/15/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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	P OBLANDER, RYAN A 3001 NW 4TH TERRACE #172 POMPANO BEACH, FL 33064 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3191 Palm Trace Landings Dr. #1007 Davie, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP OBLANDER, RYAN A 3001 NW 4TH TERRACE #172 POMPANO BEACH, FL 33064 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition "
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OBLANDER, RYAN A 3001 NW 4TH TERRACE #172 POMPANO BEACH, FL 33064 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition "
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T OBLANDER, RYAN A 3001 NW 4TH TERRACE #172 POMPANO BEACH, FL 33064 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition "
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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><i>DAW</i></u> RYAN A OBLANDER 4/15/05 954-585-8717 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>
