


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**


FILED
Aug 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000017341 1. Entity Name RICIN, INC.	
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Principal Place of Business 1016 BASS POINT ROAD MIAMI SPRINGS, FL 33166	Mailing Address 3250 NW NORTH RIVER DR MIAMI, FL 33142 US
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent THOMPSON, RAYMOND J 1016 BASS POINT ROAD MIAMI SPRINGS, FL 33166
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07122004 No Chg-P CR2E034 (10/03)	
4. FEI Number 65-0471972	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required


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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, RAYMOND J 1016 BASS POINT ROAD MIAMI SPRINGS, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, BLANCHE 1016 BASS POINT ROAD MIAMI SPRINGS, FL 33166
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08/12/04-80002-004 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:  Raymond J. Thompson 8/1/04 305-633-3224 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>