

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90292 021 \*\*\*150.00

<b>DOCUMENT # P97000016217</b>					
<b>1. Entity Name</b> H. RIG, INC.					
<b>Principal Place of Business</b> 1470 NE 4TH AVE APT #7 BOCA RATON, FL 33432-1902			<b>Mailing Address</b> 1470 NE 4TH AVE APT #7 BOCA RATON, FL 33432-1902		
<b>2. Principal Place of Business</b> 6850 NW 2ND AVE #7 Suite, Apt. #, etc.			<b>3. Mailing Address</b> 6850 NW 2ND AVE Suite, Apt. #, etc. #7		
<b>City &amp; State</b> BOCA RATON, FL Zip 33487 Country USA		<b>City &amp; State</b> BOCA RATON, FL Zip 33487 Country		<b>4. FEI Number</b> 65-0746082	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> RYAN, WILLIAM T 1470 NE 4TH AVE BOCA RATON, FL 33432-1902			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) #7 City BOCA RATON, FL Zip Code 33487		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST RYAN, WILLIAM T 1470 NE 4TH AVE BOCA RATON, FL 334321902	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6850 NW 2ND AVE #7 BOCA RATON, FL 33487	<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
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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
<b>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.</b>					
<b>SIGNATURE:</b> <u>William T. Ryan</u> <u>WILLIAM T. RYAN</u> <u>04-15-04</u> <u>561-350-9393</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					