2005 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 28, 2005 8:00 am Secretary of State DOCUMENT # P97000083590 1. Entity Name 03-28-2005 90050 011 ***150.00 RHINO HOLDINGS, INC. Principal Place of Business Mailing Address 9945 LA FONTANA BLVD 9045 LA FONTANA BLVD BOCA RATON; FL 33434 BOCA RATON, FL 33434 3. Mailing Address Tottwson 2. Principal Place of Business 4611 TotalSon Suite, Apt. #, etc. Suite, Apt. #, etc 01192005 CR2E034 (10/03) Chg-P # Cin & State City & State 4. FEI Number Applied For CROCK 65-0803224 Not Applicable Country \$8.75 Additional USA 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BILOTTI, JOSEPH Street Address (P.O. Box Number is Not Acceptable) 9045 LA FONTANA BLVD. **BOGA RATON: FL: 33434** City 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE titi F ☐ Delete ☐ Change Addition NAME **BILOTTI, JOSEPH** NAME 4611 JOHNSON RD., #1 STREET ADDRESS STREET ADDRESS COCONUT CREEK, FL 33073 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS. CITY-ST-ZIP CITY-ST-ZIP TITLE. ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 SIGNATURE:X SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED