



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000063019 1. Entity Name RHINO LAMINATES INC.	
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Principal Place of Business 20840 BOCA RIDGE ROAD BOCA RATON, FL 33428 US	Mailing Address 20840 BOCA RIDGE ROAD BOCA RATON, FL 33428 US
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DO NOT WRITE IN THIS SPACE

	
04082004	No Chg-P CR2E034 (10/03)
4. FEI Number 65-0853627	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BRAILLE, NEIL
20840 BOCA RIDGE DRIVE NORTH
BOCA RATON, FL 33428**

**DO NOT WRITE
IN THIS SPACE**

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 reconstituting) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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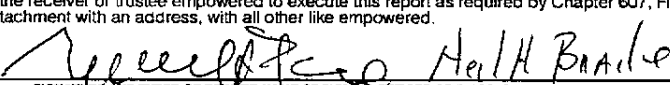
10. OFFICERS AND DIRECTORS

TITLE P	BRAILLE, NEIL
NAME	20840 BOCA RIDGE DRIVE NORTH
STREET ADDRESS	BOCA RATON, FL 33428
CITY-ST-ZIP	
TITLE ST	BRAILLE, LOIS
NAME	20840 BOCA RIDGE DRIVE NORTH
STREET ADDRESS	BOCA RATON, FL 33428
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/15/04-60034-015 150.00

**DO NOT WRITE
IN THIS SPACE**

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:  **Neil H Braille** **4/12/04** **561457-2449**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #