## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

CR2E034 (10/03)

| DOCU | MENT | "# P0 | 0000002516 |
|------|------|-------|------------|
|------|------|-------|------------|

1. Entity Name

RANCHO ALEGRE OF THE PALM BEACHES, INC.



Principal Place of Business

Mailing Address

13433 INDIAN MOUNDS ROAD WELLINGTON, FL 33414 13433 INDIAN MOUNDS ROAD WELLINGTON, FL 33414



| DO | NOT | WRITE | IN | THIS | SPA | CE |
|----|-----|-------|----|------|-----|----|
|----|-----|-------|----|------|-----|----|

6. Name and Address of Current Registered Agent

4. FEI Number Applied For 65-0974461 Not Applicable

5. Certificate of Status Desired

04212004

\$8.75 Additional Fee Required

WITKOWSKI, RONALD ESQ. 12798 WEST FORREST HILL BOULEVARD SUITE 202

|             | NC                                      |                    |                       |                        |
|-------------|---|--------------------|-----------------------|------------------------|
|             | * # # * # * * * * * * * * * * * * * * * |                    |                       |                        |
| IN          | THI                                     | SS                 | PA                    | CE                     |
| 50 11 44 15 | Comment of                              | 1. 12 Sec. 10. 40. | and the second second | of the military of the |

No Chg-P

| SUITE 202<br>WELLINGTON, FL 33414              |  | IN THIS SPACE  |               |  |   |
|--|--|--|---------------|--|---|
| 8. The above the obligat                       | named entity submits this statement for the pations of registered agent. | ourpose of changing its registered                     | office or re  | gistered agent, or bo  | oth, in the State of Florida. I am familiar with, and accept  |
| SIGNATURE.                                     | Signature, typed or printed name of registered agent and title           | d applicable. (NOTE, Registered A                      | gent agnatura | required when reinstaling)   | DATE  |
|  | E NOW!!! FEE IS \$150.00<br>ay 1, 2004 Fee will be \$550.00              | Election Campaign Financi     Trust Fund Contribution. | ing 🗆         | \$5.00 May Be<br>Added to Fees   |   |
| 10.  | ÖFFICERS AND DIREC   | CTORS  |               | 2.1.1.1.1.1.4.4  | !<br>Commission (Action Commission |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>GRACIDA, RUBEN<br>13433 INDIAN MOUNDS ROAD<br>WELLINGTON, FL 33414 |  |               | The second secon | U00000148729  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |  |               |  | 705/03/04-80141-013 150.00  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |  |               | DO   | NOT WRITE   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |  | . جندان       | 1 (1) 10 (1) 11 (1) 15 (1) 15 (1)  | THIS SPACE  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |  |  |               |  |   |

12. I hereby certify that the information supplied with this filling 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 eath; 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 all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED HAUE OF SIGNING OFFICER OR DIRECTOR

/ //27/64 56/ 788109S