


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

03-21-2006 90008 044 ***150.00

DOCUMENT # P05000101634

1. Entry Name
SIUL RANCH, INC.



Principal Place of Business
**13221 S.W. 25TH STREET
 MIAMI, FL 33175**

Mailing Address
**13221 S.W. 25TH STREET
 MIAMI, FL 33175**

66008582



2. Principal Place of Business
 Suite Apt # etc
 City & State
 Zip Country

3. Mailing Address
 Suite Apt # etc
 City & State
 Zip Country

03D62006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent
**JOSE M. LUIS, P.A.
 391 S.W. 132ND TERRACE
 NEWBERRY, FL 32669**

4. FEI Number
11-3757401

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
FL Zip Code

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 _____ DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00

9. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Delete
P	PELLY, RENE L	1803 S.W. 103RD PLACE	MIAMI, FL 33165	<input type="checkbox"/>
DIR	PELLY, RENE L	1803 S.W. 103RD PLACE	MIAMI, FL 33165	<input type="checkbox"/>
DIR	LUIS, RENE	6365 COLLINS AVENUE, UNIT NO. 3111	MIAMI BEACH, FL 33141	<input type="checkbox"/>
DIR	LUIS, CARLOS J	8741 S.W. 102ND STREET	MIAMI, FL 33176	<input type="checkbox"/>
DIR	LUIS, IVETTE M	13221 S.W. 25TH STREET	MIAMI, FL 33175	<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 other like empowered.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPE: PRINTED NAME OF SIGNING OFFICER OR DIRECTOR