


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90168 028 ***150.00

DOCUMENT # F03000001976	
1. Entity Name MT. KENYA RANCH, INC.	

Principal Place of Business 1380 MIAMI GARDENS DRIVE, SUITE 250 NORTH MIAMI BEACH, FL 33179	Mailing Address 1380 MIAMI GARDENS DRIVE, SUITE 250 NORTH MIAMI BEACH, FL 33179
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94068926



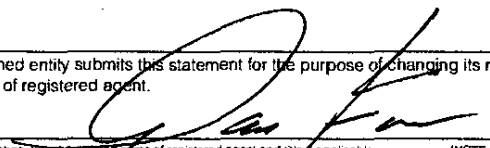
2. Principal Place of Business 1380 Miami Gardens Drive	3. Mailing Address 1385 Miami Gardens Drive
Suite, Apt. #, etc. # 220	Suite, Apt. #, etc. # 220
City & State North Miami Beach, FL	City & State North Miami Beach, FL
Zip 33179	Country USA

04202004 Chg-P CR2E034 (10/03)

4. FEI Number 51-0443642	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FRAYND, PAUL 1380 MIAMI GARDENS DRIVE, SUITE 250 NORTH MIAMI BEACH, FL 33179	
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7. Name and Address of New Registered Agent Name FRAYND, PAUL Street Address (P.O. Box Number is Not Acceptable) 1380 MIAMI GARDENS DRIVE # 220 City North Miami Beach FL Zip Code 33179	
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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 4/22/04 <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	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 PVST	<input type="checkbox"/> Delete
NAME FRAYND, PAUL	
STREET ADDRESS 1380 MIAMI GARDENS DRIVE, SUITE 250	
CITY-ST-ZIP NORTH MIAMI BEACH, FL 33179	
TITLE CD	<input type="checkbox"/> Delete
NAME FRAYND, PAUL	
STREET ADDRESS 1380 MIAMI GARDENS DRIVE, SUITE 250	
CITY-ST-ZIP NORTH MIAMI BEACH, FL 33179	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PVST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FRAYND, PAUL	
STREET ADDRESS 1380 MIAMI GARDENS DRIVE # 220	
CITY-ST-ZIP North Miami Beach, FL 33179	
TITLE CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FRAYND, PAUL	
STREET ADDRESS 1380 MIAMI GARDENS DRIVE # 220	
CITY-ST-ZIP North Miami Beach, FL 33179	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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, with all other officers empowered.	
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SIGNATURE: 	Date 4/22/04 305-354-7519
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	