

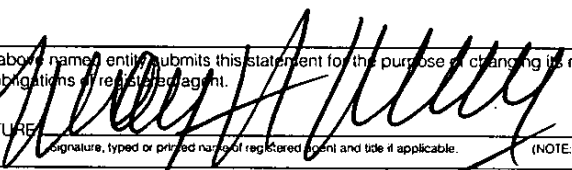
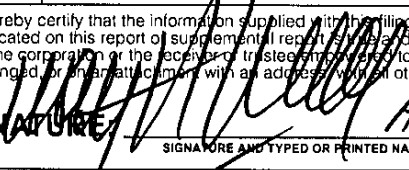


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P06000084054</b> 1. Entity Name <b>VALLEY RANCH REAL ESTATE INVESTMENT CORP.</b>						<b>FILED</b> <b>2008 APR 30 PM 1:28</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>	
Principal Place of Business <b>SUITE 507, 2655 LEJEUNE ROAD</b> <b>CORAL GABLES, FL 33134</b>				Mailing Address <b>SUITE 507, 2655 LEJEUNE ROAD</b> <b>CORAL GABLES, FL 33134</b>			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country		Zip			
4. FEI Number <b>76-0832331</b> <b>APPLIED FOR</b>						Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>						04212008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent  <b>FILINGS, INC.</b> <b>3732 N.W. 16TH STREET</b> <b>FORT LAUDERDALE, FL 33311</b>				7. Name and Address of New Registered Agent Name <b>Juan Vicente Urdaneta</b> Street Address (P.O. Box Number is Not Acceptable) <b>2655 Lejeune Road, Suite 507</b> City <b>Coral Gables</b> FL Zip Code <b>33134</b>			
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 _____ <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ALVAREZ-HURTADO, ESTHER M <input type="checkbox"/> Delete SUITE 507, 2655 LEJEUNE ROAD CORAL GABLES, FL 33134			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ESCOTET, JUAN CARLOS <input type="checkbox"/> Delete SUITE 507, 2655 LEJEUNE ROAD CORAL GABLES, FL 33134			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>600129437875</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>05/14/08--01009--014 **6600.00</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 an attachment with an address, within other like empowered.							
SIGNATURE 				ATTORNEY IN FACT <b>4/22/08</b> <b>306-7181319</b>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			