

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 253456

1. Entity Name
FLORIDA RANCH ENTERPRISES INC



Principal Place of Business
**4144 PINTA CT.
P.O. BOX 143733
CORAL GABLES, FL 33114-0733**

Mailing Address
**4144 PINTA CT.
P.O. BOX 143733
CORAL GABLES, FL 33114-0733**

FILED
Apr 24, 2006 08:00 AM
Secretary of State



03092006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-0929590

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**AMKGS REGISTERED AGENTS INC
ONE SE THIRD AVENUE
SUITE 2250
MIAMI, FL 33131**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U00000527802
05/05/06-80011-004 150.00**

10. OFFICERS AND DIRECTORS

TITLE	VSD
NAME	ESCAGEDO, ANA MARIA
STREET ADDRESS	5745 S.W. 119 STREET
CITY-ST-ZIP	MIAMI, FL
TITLE	PD
NAME	ESCAGEDO, MARCOS MILLAN
STREET ADDRESS	4144 PINTA COURT
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	T
NAME	ESCAGEDO, LUCIA S.
STREET ADDRESS	4144 PINTA COURT
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	D
NAME	MENACHO, MADELIN E
STREET ADDRESS	4144 PINTA CT.
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/17/06