2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 253456

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

ESCAGEDO, LUCIA S.,

MENACHO, MADELIN E

CORAL GABLES, FL 33146

() Delete

4144 PINTA COURT

CORAL GABLES, FL

4144 PINTA CT.

FILED Apr 30, 2007 Secretary of State

Entity Nan	ne: FLORIDA	RANCH ENTERPRISES INC			
Current Pr	incipal Place	of Business:	New Principal F	New Principal Place of Business:	
4144 PINTA P.O. BOX 1 CORAL GA		1140733	4144 PINTA CT. CORAL GABLES	4144 PINTA CT. CORAL GABLES, FL 331140733	
Current Ma	ailing Addres	s:	New Mailing Ad	New Mailing Address:	
4144 PINTA P.O. BOX 1 CORAL GA		1140733			
FEI Number:	59-0929590	FEI Number Applied For ()	FEI Number Not Applicable	() Certificate of Status Desired ()	
Name and	Address of C	Surrent Registered Agent:	Name and Addr	Name and Address of New Registered Agent:	
AMKGS REGISTERED AGENTS INC ONE SE THIRD AVENUE SUITE 2250 MIAMI, FL 33131 US			ONE SE THIRD : SUITE 2250	AMKE REGISTERED AGENTS LLC ONE SE THIRD AVENUE SUITE 2250 MIAMI, FL 33131 US	
The above in the State		submits this statement for the p	ourpose of changing its regi	istered office or registered agent, or both,	
SIGNATUR	RE: ARTURO	J. ABALLI		04/30/2007	
	Electron	ic Signature of Registered Age	ent	Date	
Election Carr	npaign Financing	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CH	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	VSD () ESCAGEDO, AI 5745 S.W. 119 MIAMI, FL	•	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	` '		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	T ()	Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

SIGNATURE: ANA MARIA ESCAGEDO D 04/30/2007

() Change () Addition