

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 253456

FILED
Apr 30, 2008
Secretary of State

Entity Name: FLORIDA RANCH ENTERPRISES INC

Current Principal Place of Business:

4144 PINTA CT.
CORAL GABLES, FL 331140733

New Principal Place of Business:

Current Mailing Address:

4144 PINTA CT.
P.O. BOX 143733
CORAL GABLES, FL 331140733

New Mailing Address:

FEI Number: 59-0929590

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMKE REGISTERED AGENTS LLC
ONE SE THIRD AVENUE
SUITE 2250
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VSD () Delete
Name: ESCAGEDO, ANA MARIA,
Address: 5745 S.W. 119 STREET
City-St-Zip: MIAMI, FL

Title: PD () Delete
Name: ESCAGEDO, MARCOS MIL, LAN
Address: 4144 PINTA COURT
City-St-Zip: CORAL GABLES, FL

Title: T () Delete
Name: ESCAGEDO, LUCIA S.,
Address: 4144 PINTA COURT
City-St-Zip: CORAL GABLES, FL

Title: D () Delete
Name: MENACHO, MADELIN E
Address: 4144 PINTA CT.
City-St-Zip: CORAL GABLES, FL 33146

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: ANA M. ESCAGEDO

D

04/30/2008

Electronic Signature of Signing Officer or Director

Date