

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705994

FILED
May 02, 2007
Secretary of State

Entity Name: EL RANCHO APTS., INC.

Current Principal Place of Business:

450 LAYNE BLVD
HALLANDALE, FL 33009

New Principal Place of Business:

Current Mailing Address:

450 LAYNE BLVD
HALLANDALE, FL 33009

New Mailing Address:

400 SWEET BAY DR
LONGWOOD, FL 32779

FEI Number: 59-1088273 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

POLIAKOFF, GARY A J.D.
BECKER & POLIAKOFF, P.A.
3111 STIRLING ROAD
FORT LAUDERDALE, FL 33312 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

OFFICERS AND DIRECTORS:

Title: PV () Delete
Name: ROLAND, ELMA
Address: 818 HOLLYWOOD BLVD
City-St-Zip: HOLLYWOOD, FL 33019

Title: DV () Delete
Name: FINKEL, JOHNATHAN
Address: 450 LAYNE BLVD
City-St-Zip: HALLANDALE, FL 33009 CA

Title: DV () Delete
Name: CUESTA, MAEL
Address: 400 SWEET BAY DRIVE
City-St-Zip: LONGOOD, FL 32779

Title: DV () Delete
Name: BOURQUE, MARIETTE
Address: 150 BEELIOZ #145
City-St-Zip: VERDUN, QUEBEC, CA H3E-13

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAEL A CUESTA

DV

05/02/2007

Electronic Signature of Signing Officer or Director

Date