2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705994

FILED Mar 01, 2008 Secretary of State

Entity Name: EL RANCHO APTS., INC.

Current Principal Place of Business: New Principal Place of Business:

450 LAYNE BLVD HALLANDALE, FL 33009

Current Mailing Address: 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 ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CUESTA, MAEL A TR 400 SWEET BAY DR LONGWOOD, FL 32779 US

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: MAEL A CUESTA 03/01/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: PV () Delete Title: () Change () Addition

 Name:
 ROLAND, ELMA
 Name:

 Address:
 818 HOLYWOOD BLVD
 Address:

 City-St-Zip:
 HOLLYWOOD, FL 33019
 City-St-Zip:

Title:DV() DeleteTitle:DV(X) Change () AdditionName:FINKEL, JOHNATHANName:RODRIGUEZ, ALEJADRO A DVAddress:450 LAYNE BLVDAddress:450 LAYNE BLVD

City-St-Zip: HALLANDALE, FL 33009 CA

City-St-Zip: HALLANDALE, FL 33009 CA

Title: DV () Delete Title: DV (X) Change () Addition

Name: CUESTA, MAEL Name: CUESTA, MAEL A TR
Address: 400 SWEET BAY DRIVE Address: 400 SWEET BAY DRIVE
City-St-Zip: LONGOOD, FL 32779 City-St-Zip: LONGOOD, FL 32779

Title: DV () Delete Title: () Change () Addition

 Name:
 BOURQUE, MARIETTE
 Name:

 Address:
 150 BEELIOZ #145
 Address:

 City-St-Zip:
 VERDUN, QUEBEC, CA H3E-13
 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 03/01/2008