


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 767287</b>			
1. Entity Name <b>ASOCIACION DE RANCHUELOS EN EL EXILIO (MUNICIPIO DE RANCHUELO), INC.</b>			
Principal Place of Business <b>10257 NW-51 TERR MIAMI FL 33178</b>		Mailing Address <b>POST OFFICE BOX 654642 MIAMI FL 33165</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/06)

4. FEI Number <b>59-2344071</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
<b>VERA, DORA 10251 NW-51 TERR MIAMI FL 33178</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME	P FABIO, CORTES	<input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS CITY - ST - ZIP	8810 SW 123 COURT APT #M 102 KENDALL FL 33186			STREET ADDRESS CITY - ST - ZIP	000000703236 04/20/07-80133-010 61.25		
TITLE NAME	SD ISABA, HILARIO	<input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS CITY - ST - ZIP	360 W. 49 ST. HIALEAH FL 33012			STREET ADDRESS CITY - ST - ZIP			
TITLE NAME	TD VERA, DORA	<input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS CITY - ST - ZIP	10257 NW 51 TERR MIAMI FL 33178			STREET ADDRESS CITY - ST - ZIP			
TITLE NAME	VTD SARDUY, JOHNNY	<input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS CITY - ST - ZIP	331 NW 82 AVE APT 1312 MIAMI FL 33126			STREET ADDRESS CITY - ST - ZIP			
TITLE NAME	VP SOLIS, ALVERRO	<input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS CITY - ST - ZIP	1580 WEST AVE MIAMI BEACH FL			STREET ADDRESS CITY - ST - ZIP			
TITLE NAME	VSD BELLO, JOAQUIN	<input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS CITY - ST - ZIP	3740 W- 10 COURT HIALEAH FL 33012			STREET ADDRESS CITY - ST - ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 617, 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:** DORA VERA 4/2/07 (305) 406-2494