2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 12, 2005 8:00 am Secretary of State

1. Entity Nam	Entity Name IT. KENYA RANCH, INC.			04-12-2005 90147 006 ***150.00		
Principal Place	e of Business	Mailing Address				
1380 MIAMI GARDENS DRIVE 1380 MIAMI GARDENS DRIVE				20020		
#220 NORTH MIAMI BEACH, FL 33179 AND						
1380 miami GARdens De 2053			scayne			
Suite, Apt. # etc. Suite, Apt. #, etc. # 492		Suite, Apt. #, etc. 2	•	04052005 Chg-P CR2E034 (10/03)		
City & State Noet	h Miami Bach, Fl	Sity & State HUENTURA	F/	4. FEI Number Applied For 51-0443642 Not Applicable		
^{zig} 331	9 Sade	33180	° Dude	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required		
	6. Name and Address of Current I	Registered Agent	Name	7. Name and Address of New Registered Agent		
FRAYND, PAUL				Street Address (P.O. Box Number is Not Acceptable)		
1380 MIAMI GARDENS DRIVE			Street At	Greet Audress (1.0. Dox Humber is Not Acceptable)		
NORTH MIAMI BEACH, FL 33179			City	□		
			City	F -		
8. The above named entity patrnits 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 Superatura, product printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
FILE/NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Feas						
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME	PVST FRAYND, PAUL	☐ Delete	TITLE Name	PVST Paul Michange Addition		
STREET ADDRESS	1380 MIAMI GARDENS DRIVE, #		STREET ADDRESS	FRAYING, Fluctions Deive# 130		
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 3317	79 ☐ Delete	CITY-ST-ZIP	Thank F1 331/19		
NAME	FRAYND, PAUL		NAME	FRAYING, Paul GARDERS DRIVE #130		
STREET ADDRESS CITY-ST-ZIP	1380 MIAMI GARDENS DRIVE # NORTH MIAMI BEACH, FL 3317		STREET ADDRESS CITY-ST-ZIP	1380miami GALOUS VEIL FAT 33179		
TITLE		☐ Delete	TITLE	Change Addition		
name Street address			NAME STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE NAME		☐ Delete	TITLE NAME	☐ Change ☐ Addition		
· STREET ADDRESS CITY+ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition		
NAME STREET ADDRESS			NAME STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE NAME		☐ Delete	TITLE NAME	☐ Change ☐ Addition		
STREET ADORESS		,	STREET ADDRESS CITY+ST-ZIP			
12. I hereby	certify that the information supplied with	His filing poes not qualify for the		Led in Section 119.07(3)(i), Florida Statutes. I further certify that the information		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 trusted empowered to execute this report as required by Chapter 607, 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 title empowered.						
SIGNATURE: 4/7/05 305-354-2519 Date Dayling Phone #						
	GIGNATURE TYPED OR I	HINTED RAME OF SIGNING OFFICER OF	H UIRECTOR	Date Daytime Phone #		