


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-12-2005 90147 006 ***150.00

DOCUMENT # F0300001976 1. Entity Name MT. KENYA RANCH, INC.			
Principal Place of Business 1380 MIAMI GARDENS DRIVE #220 NORTH MIAMI BEACH, FL 33179		Mailing Address 1380 MIAMI GARDENS DRIVE #144 NORTH MIAMI BEACH, FL 33179	
2. Principal Place of Business 1380 miami Gardens Dr Suite, Apt. #, etc. 130		3. Mailing Address 20533 Biscayne Blvd Suite, Apt. #, etc. #492	
City & State North Miami Beach, FL		City & State Aventura FL	
Zip 33179		Zip 33180	
Country Dade		Country Dade	
4. FEI Number 51-0443642		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FRAYND, PAUL 1380 MIAMI GARDENS DRIVE #220 130 NORTH MIAMI BEACH, FL 33179		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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: <i>[Signature]</i>		DATE: 4/7/05	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST FRAYND, PAUL 1380 MIAMI GARDENS DRIVE, #220 NORTH MIAMI BEACH, FL 33179	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST FRAYND, PAUL 1380 miami Gardens Drive # 130 NMB FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD FRAYND, PAUL 1380 MIAMI GARDENS DRIVE #220 NORTH MIAMI BEACH, FL 33179	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD FRAYND, PAUL 1380 miami Gardens Drive # 130 NMB FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
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 trustee 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 life empowered.			
SIGNATURE: <i>[Signature]</i>		DATE: 4/7/05 305-354-7519	