

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2008 8:00 am**  
**Secretary of State**

04-29-2008 90076 009 \*\*\*150.00

|                                                                       |                                                                                   |
|-----------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # F48028</b><br>1. Entity Name<br>RANCH INVESTMENTS, INC. |  |
|-----------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                                       |                                                                           |
|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| Principal Place of Business<br>550 BILTMORE WAY<br>#1110<br>CORAL GABLES, FL 33134 US | Mailing Address<br>550 BILTMORE WAY<br>#1110<br>CORAL GABLES, FL 33134 US |
|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------|

**40088292**



01162008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

|                                                                                                 |                               |
|-------------------------------------------------------------------------------------------------|-------------------------------|
| 4. FEI Number<br>59-2136779                                                                     | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required |                               |

|                                                                                                                                    |
|------------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br>SCHECHTER, ROSA E<br>550 BILTMORE WAY<br>STE 1110<br>CORAL GABLES, FL 33134 |
|------------------------------------------------------------------------------------------------------------------------------------|

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or 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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

| 10. OFFICERS AND DIRECTORS                         |                                                                       |
|----------------------------------------------------|-----------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>ECKSTEIN, BERNARD<br>550 BILTMORE WAY #1110<br>CORAL GABLES, FL  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | P<br>STERN, RODOLFO<br>550 BILTMORE WAY #1110<br>CORAL GABLES, FL     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VS<br>HORWITZ, ROBERTO<br>550 BILTMORE WAY #1110<br>CORAL GABLES, FL  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VT<br>SERVIANSKY, DAVID<br>550 BILTMORE WAY #1110<br>CORAL GABLES, FL |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | V<br>STERN, EDUARDO<br>550 BILTMORE WAY #1110<br>CORAL GABLES, FL     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                       |

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 like empowered.

**SIGNATURE:**

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Rodolfo Stern*

4-22-08

(305) 461-2440

Date

Daytime Phone #