

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 23, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F99000001136**

**1. Entity Name**  
**SUNSET RANCHES, INC.**



**Principal Place of Business**  
**9400 S DADELAND BLVD**  
**STE 605**  
**MIAMI, FL 33156**

**Mailing Address**  
**9400 S DADELAND BLVD**  
**STE 605**  
**MIAMI, FL 33156**

**DO NOT WRITE IN THIS SPACE**



03142006 No Chg-P CR2E034 (11/05)

**4. FEI Number**  
**74-2667121**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**GIACALONE, JACK W**  
**250 S PARK AVE**  
**STE 395**  
**WINTER PARK, FL 32789**

**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, 2006 Fee will be \$550.00**

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

1100000479152  
04/09/06-80033-015 150.00

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	DP
<b>NAME</b>	KUCHARCZYK, JOHN
<b>STREET ADDRESS</b>	13301 EIGHT MILE RD.
<b>CITY- ST- ZIP</b>	WARREN, MI 48089
<b>TITLE</b>	DS
<b>NAME</b>	GIACALONE, JOSEPH
<b>STREET ADDRESS</b>	13301 EIGHT MILE RD.
<b>CITY- ST- ZIP</b>	WARREN, MI 48089
<b>TITLE</b>	V
<b>NAME</b>	GIACALONE, JACK W
<b>STREET ADDRESS</b>	250 S PARK AVE, STE 395
<b>CITY- ST- ZIP</b>	WINTER PARK, FL 32789
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY- ST- ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY- ST- ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY- ST- ZIP</b>	

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**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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/20/06** **407 647-4800**  
Date Daytime Phone