

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F99000001136

1. Entity Name
SUNSET RANCHES, INC.



FILED
Mar 31, 2008 08:00 AM
Secretary of State

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

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



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

03182008 Chg-P CR2E034 (12/06)

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

7. Name and Address of New Registered Agent

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☐ Delete
NAME KUCHARCZYK, JOHN
STREET ADDRESS 13301 EIGHT MILE RD.
CITY-ST-ZIP WARREN, MI 48089

TITLE ☐ Change ☐ Addition
NAME U00000874986
STREET ADDRESS 04/11/08-80014-014 150.00
CITY-ST-ZIP

TITLE DS ☐ Delete
NAME GIACALONE, JOSEPH
STREET ADDRESS 13301 EIGHT MILE RD.
CITY-ST-ZIP WARREN, MI 48089

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME GIACALONE, JACK W
STREET ADDRESS 250 S PARK AVE, STE 395
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/28/08