

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90352 049 ***150.00

DOCUMENT # G45717

1. Entity Name
RANGY ENTERPRISE, INC.



Principal Place of Business
% RAUL F. ECHEVERRIA
13831 S.W. 59TH ST., #202
MIAMI, FL 33183

Mailing Address
% RAUL F. ECHEVERRIA
13831 S.W. 59TH ST., #202
MIAMI, FL 33183

2. Principal Place of Business
13831 S.W. 59TH ST. # 104
Suite, Apt. #, etc.
SUITE # 104

3. Mailing Address
13831 S.W. 59TH ST.
Suite, Apt. #, etc.
SUITE 104

City & State
MIAMI FL

City & State
MIAMI FL

Zip
33183

Country
US

400100

04262006 Chg-P CR2E034 (11/05)

4. FEI Number
59-2309207

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ECHEVERRIA, RAUL F.
13831 SW 59TH ST #202
MIAMI, FL 33183

7. Name and Address of New Registered Agent

Name
ECHEVERRIA, RAUL F.

Street Address (P.O. Box Number is Not Acceptable)
13831 SW 59TH STREET SUITE 104

City
MIAMI

FL

Zip Code
33183

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]* RAUL ECHEVERRIA

(NOTE: Registered Agent signature required when reinstalling)

DATE
APRIL/26/06

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ECHEVERRIA, RAUL F. 13831 SW 59TH ST., #202 MIAMI, FL 33183 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ECHEVERRIA, RAUL F. 13831 SW 59TH ST. #104 MIAMI FL 33183 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ECHEVERRIA, ANA GLORIA 13831 SW 59TH ST., #202 MIAMI, FL 33183 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ECHEVERRIA, ANA GLORIA 13831 SW 59TH ST. #104 MIAMI FL 33183 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* RAUL ECHEVERRIA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date
4/26/06

Daytime Phone #
(305) 382-3432