2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # G56037

1. Entity Name
RANCHO LUNA RESTAURANT, INC.

Principal Place of Business	Mailing Address
% JORGE RABELO	% JORGE RABELO
20 N.W. 61ST AVENUE	20 N.W. 61ST AVENUE
MIAMI, FL 33126	MIAMI, FL 33126

DO NOT WRITE IN THIS SPACE

02032006   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
59-1113245		Not Applicable

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

6. Name and Address of Current Registered Agent

RABELO, JORGE
20 N.W. 61ST AVENUE
MIAMI, FL 33126

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	RABELO, JORGE
STREET ADDRESS	20 NW 61ST AVE
CITY-ST-ZIP	MIAMI, FL 00000.

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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04/07/06-80018-018 150.00

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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: _____   3/21/06 (786)361-2583

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #