

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000002516 1. Entity Name RANCHO ALEGRE OF THE PALM BEACHES, INC.		
Principal Place of Business 13433 INDIAN MOUNDS ROAD WELLINGTON, FL 33414	Mailing Address 13433 INDIAN MOUNDS ROAD WELLINGTON, FL 33414	
DO NOT WRITE IN THIS SPACE		
 04252008 No Chg-P CR2E034 (11/05)		
4. FEI Number 65-0974461		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent WITKOWSKI, RONALD ESQ. 12798 WEST FORREST HILL BOULEVARD SUITE 202 WELLINGTON, FL 33414		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when replacing)</small>		
<div style="display: flex; justify-content: space-between;"> <div> FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 </div> <div> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> </div> <div> \$5.00 May Be Added to Fees </div> </div>		
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GRACIDA, RUBEN 13433 INDIAN MOUNDS ROAD WELLINGTON, FL 33414	
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U00000560938 05/18/06-80060-013 150.00 DO NOT WRITE 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: <i>Asst. Sec. General</i> TOR RUBEN GRACIDA PRESIDENT		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 5/1/06 Daytime Phone (561) 964-9110