
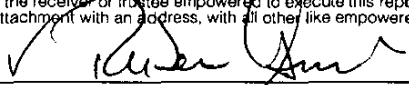


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90170 014 \*\*\*150.00

<b>DOCUMENT # P00000002516</b> 1. Entity Name <b>RANCHO ALEGRE OF THE PALM BEACHES, INC.</b>																													
Principal Place of Business <b>13433 INDIAN MOUNDS RD. WELLINGTON, FL 33414</b>			Mailing Address <b>13833 WELLINGTON TR. #E4 BOC 229 WELLINGTON, FL 33414</b>																										
2. Principal Place of Business - No P.O. Box # <b>2538 PLAYERS Ct.</b> Suite, Apt. #, etc.		3. Mailing Address <b>2538 PLAYERS Court.</b> Suite, Apt. #, etc.																											
City & State <b>Wellington, FL</b> Zip <b>33414</b>		City & State <b>Wellington FL</b> Zip <b>33414</b>		4. FEI Number <b>65-0974461</b>																									
Country <b>USA</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																									
6. Name and Address of Current Registered Agent  <b>WITKOWSKI, RONALD ESQ. 12798 WEST FORREST HILL BOULEVARD SUITE 202 WELLINGTON, FL 33414</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																													
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">PD</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>GRACIDA, RUBEN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>13833 WELLINGTON TR. BOX 229</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>WEST PALM BEACH, FL 33414</td> <td></td> </tr> </table>			TITLE	PD	<input type="checkbox"/> Delete	NAME	GRACIDA, RUBEN		STREET ADDRESS	13833 WELLINGTON TR. BOX 229		CITY-ST-ZIP	WEST PALM BEACH, FL 33414		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">2538 PLAYERS COURT</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Wellington, FL 33414</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	2538 PLAYERS COURT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Wellington, FL 33414		STREET ADDRESS			CITY-ST-ZIP		
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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.																													
<b>SIGNATURE:</b> 				Date <b>4/30/08</b> Daytime Phone # <b>561 346 2080</b>																									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																													