

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000029361**

1. Entity Name  
HIGHLANDS RANCH, INC.



Principal Place of Business  
PO BOX 143733  
CORAL GABLES, FL 33114-3733

Mailing Address  
4144 PINTA COURT  
CORAL GABLES, FL 33146



03092006 No Chg-P CR2E034 (11/05)

4. FEI Number  
65-1004920

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

AMKGS REGISTERED AGENTS, INC.  
ONE S.E. THIRD AVE  
SUITE 2250  
MIAMI, FL 33131

**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

U00000527804  
05/05/06-80011-005 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	ESCAGEDO, MARCOS M
STREET ADDRESS	PO BOX 143733
CITY - ST - ZIP	CORAL GABLES, FL 331143733
TITLE	D
NAME	ESCAGEDO, ANA MARIA
STREET ADDRESS	PO BOX 143733
CITY - ST - ZIP	CORAL GABLES, FL 331143733
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/17/06