


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000080559

1. Entity Name
TERRANOVA RANCH, INC.



Principal Place of Business
**5600 THOROUGHbred ROAD
 FT. LAUDERDALE, FL 33330**

Mailing Address
**5600 THOROUGHbred ROAD
 FT. LAUDERDALE, FL 33330**



04082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1109667

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional
 Fes Required

6. Name and Address of Current Registered Agent

**CARMONA, MARGARITA
 5600 THOROUGHbred ROAD
 FT. LAUDERDALE, FL 33330**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
 Trust Fund Contribution. **\$5.00** May Be
 Added to Fees

U00000116912
 04/16/04-80084-010 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CARMONA, MARGARITA
STREET ADDRESS	5600 THOROUGHbred ROAD
CITY-ST-ZIP	FT. LAUDERDALE, FL 33330
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 exemption stated in Section 119.07(3)(i), 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 Margarita Carmona 04/08/04 954-650-9490
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #