

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 17, 2003 8:00 am
Secretary of State

09-17-2003 90020 036 ***550.00

DOCUMENT # P01000036425



1. Entity Name
ALPHABET RANCH, INC.

Principal Place of Business
19261 S.W. 190 STREET
MIAMI FL 33187

Mailing Address
19261 S.W. 190 STREET
MIAMI FL 33187

2. Principal Place of Business
18639 SW 107AVE
Suite, Apt. #, etc.

3. Mailing Address
18639 SW 107AVE
Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State
MIAMI, FLORIDA
Zip
33157
Country
USA

City & State
MIAMI, FLORIDA
Zip
33157
Country
USA

4. FEI Number 65-1089611

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
GONZALEZ, RAFAEL
19261 S.W. 190 STREET
MIAMI FL 33187

7. Name and Address of New Registered Agent
Name: RAFAEL GONZALEZ
Street Address (P.O. Box Number is Not Acceptable):
18639 SW 107AVE
City: MIAMI FL Zip Code: 33157

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]* RAFAEL GONZALEZ - PRESIDENT DATE: 8/31/03
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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	GONZALEZ, RAFAEL
STREET ADDRESS	19261 SW 190 ST
CITY-ST-ZIP	MIAMI FL 33187
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAFAEL GONZALEZ
STREET ADDRESS	18639 SW 107AVE
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *[Signature]* RAFAEL GONZALEZ - PRESIDENT DATE: 8/31/03 305 259-4778
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/02)