2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 04, 2005 08:00 AM Secretary of State DOCUMENT # P02000011418 1. Entity Name RANCHO LOS COCOS OF CORAL WAY, INC. Mailing Address Principal Place of Business 7085 CORAL WAY 7085 CORAL WAY MIAMI, FL 33155 MIAMI, FL 33155 No Chg-P CR2E034 (10/03) 05022005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 13-4217818 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WORLD CORPORATE SERVICES, INC. DO NOT WRITE 2665 S. BAYSHORE DR., STE. 703 MIAMI, FL 33133 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, typod or printed name of registered agent and little if applicable. (NOTE Registered Agent signature required when reinstaling) 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 7, 2005 10. OFFICERS AND DIRECTORS TITLE GARCIA, MANUEL E NAME 7085 CORAL WAY STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33155 TITLE D GARCIA, OMARA NAME STREET ADDRESS 7085 CORAL WAY MIAMI, FL 33155 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 of supplemental teport 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 applicable of the empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

> are SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED