2005 FOR PROFIT CORPORATION

Apr 29, 2005 8:00 am Secretary of State ANNUAL REPORT 04-29-2005 90288 047 ***150.00 **DOCUMENT # P02000086460** 1. Entity Name RANCHO VIEJO, INC. Principal Place of Business Mailing Address 14011203 1901 PALM BAY ROAD N.E. 1901 PALM BAY ROAD N.E. PALM BAY, FL 32905 PALM BAY, FL 32905 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc CR2E034 (10/03) 04242005 Chg-P Applied Far City & State City & State 4. FEI Number 37-1436183 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent. Name THE Street Address (P.O. Box Number is Not Acceptable) COMPLETE BUISNESS SOLUTIONS INC 1805 CANOVA ST PALM BAY, FL, FL 32909 City MELBOURNE Zin Code 32934-9026 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, 4-22-05 4CCOUNTANT 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN : OFFICERS AND DIRECTORS 10. 11. Delete Change 🔲 🕫 litten TITLE TITLE GUTIERREZ, SALVADOR NAME NAME STREET ADDRESS 1901 PALM BAY ROAD STREET ADDRESS PALM BAY, FL 32905 CITY-ST-7IP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE MARTINEZ, HERIBERTO NAME 1901 PALM BAY ROAD N.E. STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BAY, FL 32905 P.D. VelAZQUEZ, Luis 1901 PAIM BAY RDNE [∐l Addition ☐ Delete TITLE VELASQUEZ, LUIS NAME MAME STREET ADDRESS 1901 PALM BAY ROAD N.E. STREET ADDRESS PALMBAY, FL. 32905 CITY-ST-ZIP PALM BAY, FL 32905 CITY-ST-ZIP Change TITLE ☐ Defete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$1-ZIP ☐ Delete TITLE Change _____ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE Change TITLE NAME

12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the incomplete indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an office of a rector 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 Blo so 11 d changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED