

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90210 045 ***150.00

DOCUMENT # P02000086460

1. Entity Name
RANCHO VIEJO, INC.



Principal Place of Business
**1901 PALM BAY ROAD N.E.
PALM BAY, FL 32905**

Mailing Address
**1901 PALM BAY ROAD N.E.
PALM BAY, FL 32905**

40086630



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04032007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

37-1436183

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THE TAXLADY, INC.
1980 PINWOOD ROAD
MELBOURNE, FL 32934-9026**

Name
PROFESSIONAL BOOKKEEPING SERVICES

Street Address (P.O. Box Number is Not Acceptable)
1900 S. HARBOR CITY BLVD #345

City
MELBOURNE

FL

Zip Code
32901

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]

Professional Bookkeeping Services

4/23/07

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**DP
VELASQUEZ, LUIS
1901 PALM BAY ROAD N.E.
PALM BAY, FL 32905**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

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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]*

**President
Luis Velazquez**

04/20/07

321-729-8338

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #