

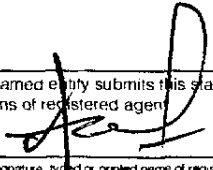
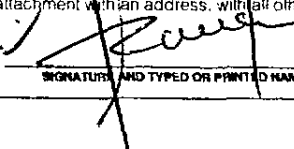


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000107751</b>		
1. Entity Name <b>RANCEL INVESTMENTS, INC.</b>		
Principal Place of Business <b>3880 SW 148 CT. MIAMI, FL 33185</b>	Mailing Address <b>3880 SW 148 CT. MIAMI, FL 33185</b>	 <b>03032004 No Chg-P CR2E034 (10/03)</b>
6. Name and Address of Current Registered Agent <b>RANCEL, AROLD0 3880 SW 148 CT. MIAMI, FL 33185</b>		4. FEI Number <b>82-0567272</b> Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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:  <b>3-5-04</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		<b>000000123468</b> <b>04/26/04-80079-010 150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RANCEL, AROLD0 M 3880 SW 148 CT. MIAMI, FL 33185	
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		
TITLE 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:  <b>AROLD0 RANCEL</b> <b>3-5-04</b> <b>305-634-6045</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		