

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90027 031 ***150.00

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02132004 Chg-P CR2E034 (10/03)

DOCUMENT # P02000125854 1. Entity Name RANUEL ENTERPRISES INC.					
Principal Place of Business P.O. BOX 581 WINDERMERE, FL 34786 US			Mailing Address P.O. BOX 581 WINDERMERE, FL 34786 US		
2. Principal Place of Business Suite, Apt #, etc.			3. Mailing Address Suite, Apt #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 22-3884428	
5. Certificate of Status Desired <input type="checkbox"/>		<input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent J.A.O. SERVICES INC. 7802 KINGSPONTE PARKWAY SUITE 207-B ORLANDO, FL 32819			7. Name and Address of New Registered Agent Name Migdalia Rivera Street Address (P.O. Box Number is Not Acceptable) 6508 Crestmont Glen Lane City Windermere FL Zip Code 34786		
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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P RIVERA, RAMON O 6508 CRESTMONT GLEN LANE WINDERMERE, FL 34786 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RIVERA, MIGDALIA 6508 CRESTMONT GLEN LANE WINDERMERE, FL 34786 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 2/16/04 Daytime Phone 407-226-9333		