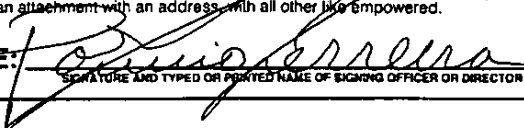


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 02, 2005 8:00 am
Secretary of State

05-16-2005 90198 013 ***150.00

DOCUMENT # P03000064776 1. Entity Name EL RANCHO VIEJO CORPORATION					
Principal Place of Business 30362 OLD DIXIE HWY HOMESTEAD, FL 33030			Mailing Address 30362 OLD DIXIE HWY HOMESTEAD, FL 33030		
2. Principal Place of Business		3. Mailing Address 29363 SW 152 AV			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Homestead FL			
Zip		Country		Zip 33033	
Country Miami Dale		4. FEI Number 80-0083503			
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent FERREIRA, EDUARDO 30362 OLD DIXIE HWY HOMESTEAD, FL 33030			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 29363 SW 152 AV City HOMESTEAD FL Zip Code 33033		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FERREIRA, PORFIRIO 30360 OLD DIXIE HWY HOMESTEAD, FL 33030 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition 29363 SW 152 Ave Homestead FL 33033	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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: 			Date: _____		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			(786) 3908263		