## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 20, 2006 08:00 AN DOCUMENT # P03000064776 **Secretary of State** EL RANCHO VIEJO CORPORATION Principal Place of Business Mailing Address 30362 OLD DIXIE HWY 29363 SW 152 AVE 1/00000442757 03/04/06-80033-806 150.00 HOMESTEAD, FL 33030 HOMESTEAD, FL 33033 01062006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 80-0083503 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FERREIRA, PORFIRIO DO NOT WRITE 29363 SW 152 AVE LEISURE CITY, FL 33033 IN THIS SPACE 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, 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, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10, OFFICERS AND DIRECTORS and the second of the second resolution of TITLE PD FERREIRA, PORFIRIO NAME STREET ADDRESS 29363 SW 152 AVE HOMESTEAD, FL 33033 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE 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 filling 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 true de 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 eddress, with all other like empowered.

AUU SOLUTION STREET OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #