## **2008 FOR PROFIT CORPORATION** ANNUAL REPORT

## May 01, 2008 08:00 AN Secretary of State DOCUMENT # P04000040371 1. Entity Name B RANCH, INC. Principal Place of Business Mailing Address 575 SE 155TH STREET. ---: SUMMERFIELD, FL 34491 US 575 SE 155TH STREET SUMMERFIELD, FL 34491 US 04282008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0807494 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BERRIOS, JOSE H DO NOT WRITE 575 SE 155TH STREET SUMMERFIELD, FL 34491 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 ·10. OFFICERS AND DIRECTORS TITLE BERRIOS, JOSE H NAME 575 SE 155TH STREET STREET ADDRESS U00000938823 05/28/08-80002-008 150.00 CITY-ST-ZIP SUMMERFIELD, FL 34491 TITLE NAME BERRIOS, LUCY 575 SE 155TH STREET STREET ADDRESS CITY-ST-7(P SUMMERFIELD, FL 34491 TITLE NAME STREET ADDRESS DO NOT WRITE CITY+ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 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.

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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

> errios RINTED NAME OF SIGNING OFFICER OR DIRECTOR

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