


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90164 009 ***150.00

DOCUMENT # P04000047249 1. Entity Name AGUIRRE'S RANCH CORP					
Principal Place of Business 1744 WILTSHIRE VILLAGE DRIVE WELLINGTON, FL 33414 FL			Mailing Address 1744 WILTSHIRE VILLAGE DRIVE WELLINGTON, FL 33414 FL		
2. Principal Place of Business 3411 D Rd Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Loxahatchee, FL		City & State 			
Zip 33470		Country Palm Beach		4. FEI Number 20-0862503	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AGUIRRE, LUIS R 1744 WILTSHIRE VILLAGE DRIVE WELLINGTON, FL 33414			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 After May 1, 2005 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,S AGUIRRE, LUIS C 1744 WILTSHIRE VILLAGE DRIVE WELLINGTON, FL 33414		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP,T AGUIRRE, RAFAEL 7540 N W 47 AVENUE COCONUT CREEK, FL 33073-271		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	 		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Luis C Aguirre</u> 04/15/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					