2005 FOR PROFIT CORPORATION

06-17-2005 90003 006 ***550.00 **DOCUMENT # P04000110206** 1. Entity Name CHILE RANCHERO, INC. Principal Place of Business Mailing Address 66024057 322 SE 32ND TERR 322 SE 32ND TERR CAPE CORAL, FL 33904 CAPE CORAL, FL 33904 2. Principal Place of Susiness 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04182005 CR2E034 (10/03) City & State City & State 4. FEI Numb Applied For Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SALDANA, GUSTAVO Street Address (P.O. Box Number is Not Acceptable) **322 SE 32ND TERR** CAPE CORAL, FL 33904 Zip Code 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 tide 4 applicable (NOTE: Registered Agent signeure required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Delete TITLE ח TITLE ☐ Addition Change SALDANA, GUSTAVO NAME NAME STREET ADDRESS 322 SE 32ND TERR STREET ADDRESS CITY-ST-ZIP CAPE CORAL, FL 33904 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MALUF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Detete TITLE Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-57-22 (11Y-51-7P Delete Change ☐ Addition NAME NAME STREET ADDRESS SUBSET ADDRESS CITY-SI-ZIP CITY - \$1-20 TITLE ☐ Delete TILE Change ☐ Addition HAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZP TITLE ☐ Detate TITLE ☐ Change ☐ Addition NAME NAME STREET AIMINESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I turther certify that the information indicated on this report or supplemental report is true and occurate 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 empowerest of 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR ORIECTOR Opto Daytone Phone

FILED Jul 01, 2005 8:00 am Secretary of State