


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

05 FEB 21 AM 11:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P04000167092					
<b>1. Entity Name</b> RANCH PERDOMO, INC.					
<b>Principal Place of Business</b> 8450 SW 133 AVE ROAD, BUILDING 6 UNIT 309 MIAMI, FL 33183 US			<b>Mailing Address</b> 8450 SW 133 AVE ROAD, BUILDING 6 UNIT 309 MIAMI, FL 33183 US		
<b>2. Principal Place of Business</b>  Suite, Apt. #, etc.		<b>3. Mailing Address</b>  Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 20-2076065	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  PERDOMO, ARLES 8540 SW 133 AVE ROAD, BUILDING 6 UNIT 309 MIAMI, FL 33183				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
<b>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.</b>  SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees.</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	P/D PERDOMO, ARLES 8540 SW 133 AVE ROAD, BUILDING 6 UNIT 309 MIAMI, FL 33183	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE-PRESIDENT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>RAMIRO MOTTA</b> 8540 SW 133 Ave Road Bldg. 6 #309 MIAMI FL 33183		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800047932148 03/08/05-01029-011 **150.00		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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.</b>					
<b>SIGNATURE</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date				Daytime Phone #	