

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90421 047 \*\*\*150.00

DOCUMENT # P05000032556			
1. Entity Name SAN LAZARO RANCH INC.			
Principal Place of Business 3800 SW 124TH AVE. MIAMI, FL 33027		Mailing Address 3800 SW 124TH AVE. MIAMI, FL 33027	
2. Principal Place of Business 5980 EAST 5th AVENUE Suite, Apt. #, etc.		3. Mailing Address 5980 EAST 5th AVENUE Suite, Apt. #, etc.	
City & State HIALEAH, FL		City & State HIALEAH, FL	
Zip 33013	Country	Zip 33013	Country
6. Name and Address of Current Registered Agent RICARDO, ROBERTO P 3800 SW 124TH AVE. MIAMI, FL 33027		7. Name and Address of New Registered Agent Name RICARDO, ROBERTO P Street Address (P.O. Box Number is Not Acceptable) 5980 EAST 5th AVENUE City HIALEAH FL Zip Code 33013	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	PD RICARDO, ROBERTO P 3800 SW 124TH AVE. MIAMI, FL 33027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RICARDO, ROBERTO P 5980 EAST 5th AVENUE HIALEAH, FL 33013 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CIMITIERE, DAYANI 3800 SW 124TH AVE. MIAMI, FL 33027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CIMITIERE, DAYANI 5980 EAST 5th AVENUE HIALEAH, FL 33013 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 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.			
SIGNATURE: <i>Ricardo P. Lopez</i>		4/28/06 (305) 244-5314	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	