## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 04, 2008 8:00 am Secretary of State DOCUMENT # P05000118946 1. Entity Name 02-04-2008 90045 007 \*\*\*150.00 MI RANCHITO OF IMMOKALEE II, INC., Principal Place of Business Mailing Address quurir-212 MADISON AVE 107 W MAIN ST IMMOKALEE, FL 34142 IMMOKALEE, FL 34142 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1113 BUSH STREET EAST Suite, Apt. #, etc. Suite, Apt. #, etc. 01162008 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For IMMOKALEE, FL34142 25-1924709 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TREJO, KIKOSAKUKEX ROSALIO Street Address (P.O. Box Number is Not Acceptable) XXX X XXXXXXX XXXX XXXXXXXXXX <u>1113 BUSH STREET EAST</u> IMMOKALEE, FL 34142 IMMOKALEE, FL 34142 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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PΩ ☐ Delete TITLE TITLE ☐ Addition TREJO, ROSALIO NAME STREET ADDRESS STREET ADORESS 1113 BUSH STREET EAST IMMOKALEE, FL 34142 CITY - ST - ZIP IMMOKALEE, FL 34142 CITY-ST-ZIP VDST ☐ Delete TITLE X Change ■ Addition TITLE TREJO, MARIA D NAME NAME 1113 BUSH STREET EAST STREET ADDRESS STREET ADDRESS XXXIMAIXIS@NXXXX CITY-ST-ZIP IMMOKALEE, FL 34142 CITY-ST-ZIP IMMOKALEEE, FL 34142 ☐ Defete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of tristee 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.

ROSALIO TREJO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED

239-657-1760