


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2006 8:00 am**  
**Secretary of State**

03-15-2006 90087 034 \*\*\*150.00

<b>DOCUMENT # P05000156423</b> 1. Entity Name <b>RALPHS GOLF &amp; LIMO, INC.</b>																							
Principal Place of Business <b>2840 NE 14TH STREET APT #301A POMPANO BEACH, FL 33062 US</b>			Mailing Address <b>2840 NE 14TH STREET APT #301A POMPANO BEACH, FL 33062 US</b>																				
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																				
4. FEI Number <b>20-385699 2</b>			Applied For <input type="checkbox"/> Not Applicable																				
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>																				
6. Name and Address of Current Registered Agent <b>SANTIAGO, RALPH 2840 NE 14TH STREET APT #301A POMPANO BEACH, FL 33062</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <u><i>Ralph Santiago</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u><i>3-13-06</i></u>																							
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																				
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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: <u><i>Ralph Santiago</i></u> DATE <u><i>3-13-06</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																							