


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 09, 2008 8:00 am**  
**Secretary of State**

06-09-2008 90001 014 \*\*\*150.00

<b>DOCUMENT # P06000088049</b> 1. Entity Name <b>D &amp; E RANCHETTE, INC.</b>			
Principal Place of Business <b>229 SW 179TH AVENUE PEMBROKE PINES, FL 33029</b>		Mailing Address <b>229 SW 179TH AVENUE PEMBROKE PINES, FL 33029</b>	
2. Principal Place of Business - No P.O. Box # <b>222 S.W. 179 AVE</b>		3. Mailing Address Suite, Apt. #, etc.	
City & State <b>PEMBROKE PINES</b>		City & State Suite, Apt. #, etc.	
Zip <b>FL-33029</b>		Country <b>U.S.A.</b>	
4. FEI Number <b>20-5149509</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>SHAPIRO, IRA R-- 16375 NORTHEAST 18TH AVE STE 225 NORTH MIAMI BEACH, FL 33162</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <div style="text-align: center; font-size: 2em; margin: 10px 0;">NA</div> 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 <b>NA</b> (NOTE: Registered Agent signature required when reinstating) DATE			
<b>FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D REYNOLDS, DAVID 222 SW 179TH AVENUE PEMBROKE PINES, FL 33029</b> <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	<b>D REYNOLDS, ELONIA 222 SW 179TH AVENUE PEMBROKE PINES, FL 33029</b> <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
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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: <b>David Reynolds</b> <b>DAVID REYNOLDS</b> <b>06-09-08</b> - <b>954-438-6083</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			