## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P93000027628

Entity Name: FONTELA RANCH, INC.

6610 NW 40 CT

VIRGINIA GARDENS, FL

Address: City-St-Zip: FILED Jun 11, 2008 Secretary of State

Entity Name: 1 ONTELA RANCH, INC.					
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
8901 SW 9 MIAMI, FL					
Current Mailing Address:			New Mailing Address	New Mailing Address:	
8901 SW 95 AVE MIAMI, FL 33176 US		SUITE 2200, MUSEUM	C/O SHARON Q. DIXON, 150 W. FLAGLER ST. SUITE 2200, MUSEUM TOWER MIAMI, FL 33130 US		
FEI Number:	65-0511799	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
DIXON, SHARON Q 2200 MUSEUM TOWER 150 WEST FLAGLER STREET MIAMI, FL 33130 US					
The above in the State		ubmits this statement for the pu	rpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE:				
Electronic Signature of Registered Agent			nt	Date	
		(2)(b), F.S., the corporation did not Trust Fund Contribution ( ).	receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DP () FONTELA, ALBE 8901 SW 95 AVI MIAMI, FL 3317	Ξ.	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	DT () COLLAZO, ILEA 1123 SW 71 AVI MIAMI, FL		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	DS ()  RODRIGUEZ, TE	Delete ERESA	Title: Name:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: ALBERTO F. FONTELA DP 06/11/2008