2006 FOR PROFIT CORPORATION

Feb 14, 2006 08:00 AM ANNUAL REPORT **Secretary of State** DOCUMENT # P94000026162 1. Entity Name AAA RANCH, INC. Principal Place of Business Mailing Address 9657 SW 124 ST 9657 SW 124 ST MIAMI, FL 33176 MIAMI, FL 33176 US บร 01042006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0484251 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SOTOLONGO, ARMANDO A. DO NOT WRITE 9657 SW 124 ST MIAMI, FL 33176 IN THIS SPACE 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 rehistered agent. SIGNATURE. Stonature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstalling) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 U80800434392 02/24/06-80063-007 158.75 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE SOTOLONGO, ARMANDO O NAME STREET ACCORESS 9657 SW 124 ST CITY-ST-ZIP MIAMI, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE MAME STREET ADDRESS 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 of supplierental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the receiver of 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 attrichment with an address, with an other like empowered.

SIGNATURE:

TITLE

STREET ADDRESS CITY-ST- 20P TITLE NAME STREET ADDRESS CITY-ST-ZIP

TED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

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