
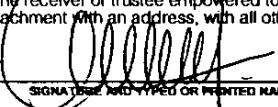


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90018 022 ***158.75

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| DOCUMENT # P94000026162 | |  | |
| 1. Entity Name AAA RANCH, INC. | | | |
| Principal Place of Business 9657 SW 124 ST MIAMI, FL 33176 US | | Mailing Address 9657 SW 124 ST MIAMI, FL 33176 US | |
| 2. Principal Place of Business - No P.O. Box # 7245 SW 87 Ave Suite, Apt. #, etc. Suite 100 City & State Miami, FL Zip 33173 Country None | | 3. Mailing Address 7245 SW 87 Ave. Suite, Apt. #, etc. Suite 100 City & State Miami, FL Zip 33173 Country None | |
| 02262007 | | Chg-P | CR2E034 (12/06) |
| 4. FEI Number 65-0484251 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired | | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SOTOLONGO, ARMANDO A 9657 SW 124 ST MIAMI, FL 33176 | | 7. Name and Address of New Registered Agent Name ARMANDO O. SOTOLONGO Street Address (P.O. Box Number is Not Acceptable) 7245 SW 87 Ave Suite 100 City Miami FL Zip Code 33173 | |
| 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P SOTOLONGO, ARMANDO O 9657 SW 124 ST MIAMI, FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P ARMANDO O. SOTOLONGO 7245 SW 87 Ave Miami, FL 33173 <input checked="" 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:  | | ARMANDO O. SOTOLONGO 2/27/07 (305) 630-3733 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date Daytime Phone #</small> | |