

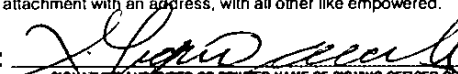


2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000074210 1. Entity Name RANCHO DON GOYO CORP.						FILED 06 MAR 28 PM 2: 28 TALLAHASSEE, FLORIDA							
Principal Place of Business 2300 CORAL WAY SUITE 200 MIAMI, FL 33145				Mailing Address 2300 CORAL WAY SUITE 200 MIAMI, FL 33145									
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.				02112006 Chg-P CR2E034 (11/05)		4. FEI Number 65-0533436		Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
Zip		Country		Zip		Country		Name					
FLORIDA ANNUAL REPORT SERVICES INC 2300 CORAL WAY SUITE 200 MIAMI, FL 33145				Street Address (P.O. Box Number is Not Acceptable)				City		FL		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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____													
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				PSD <input type="checkbox"/> Delete ARENCEBIA, GREGORIO 17015 W. OKEECHOBEE HIALEAH, FL 33016				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change <input type="checkbox"/> Addition 700069395767 04/04/06--01028--025 **158.75			
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			
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			
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			
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			
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: 						Date: 2-24-06		Daytime Phone #: 305-856-0056					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR													