



**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000011232</b>			
1. Entity Name CNC RANCH, INC.			
Principal Place of Business 1205 S.W. 37TH AVE. SUITE 300 MIAMI, FL 33135		Mailing Address 1205 S.W. 37TH AVE. SUITE 300 MIAMI, FL 33135	
<b>DO NOT WRITE IN THIS SPACE</b>			
		01062006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 65-0562968	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			
ALVAREZ, CLAUDIO I 1205 S.W. 37TH AVE. SUITE 300 MIAMI, FL 33135		<b>DO NOT WRITE IN THIS SPACE</b>	
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 reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	D		
NAME	ALVAREZ, CLAUDIO I		
STREET ADDRESS	1205 S.W. 37TH AVE., SUITE 300		
CITY-ST-ZIP	MIAMI, FL 33135		
TITLE	D		
NAME	ALVAREZ, YVONNE R		
STREET ADDRESS	1205 S.W. 37TH AVE., SUITE 300		
CITY-ST-ZIP	MIAMI, FL 33135		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
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 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: 		4/26/06 305-448-8255	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	