


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 24, 2006 8:00 am**  
**Secretary of State**

02-24-2006 90008 010 \*\*\*150.00

<b>DOCUMENT # P96000078933</b> 1. Entity Name <b>MOLINA'S RANCH, INC.</b>					
Principal Place of Business <b>8370 W. FLAGLER ST. SUITE 234 MIAMI, FL 33144</b>			Mailing Address <b>8370 W. FLAGLER ST. SUITE 234 MIAMI, FL 33144</b>		
2. Principal Place of Business <b>11995 S.W. 26th Street</b>			3. Mailing Address 		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <b>Miami, FL</b>			City & State		
Zip <b>33175</b>		Country <b>US</b>		Zip	
Country		4. FEI Number <b>65-0698386</b>			
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>MENDEZ, EDUARDO J 8370 W. FLAGLER ST. SUITE 234 MIAMI, FL 33144</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 reinstating) DATE _____					
<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		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JORGE, JOSE O 9119 NW 152ND LANE HIALEAH, FL 33016		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COSTALES, ROLANDO 9119 NW 152 LN HIALEAH, FL 33016		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 19, 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.					
<b>SIGNATURE: JOSE O JORGE</b> <i>[Signature]</i> <b>-9-2/15/06</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					