2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OF PAINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Mar 22, 2006 08:00 Al DOCUMENT # P97000037711 1. Entity Name **Secretary of State** RANCHO ALEGRE INC. Principal Place of Business Mailing Address 61 TOTOLOCHEE DRIVE 61 TOTOLOCHEE DRIVE HIALEAH FL 33131 HIALEAH FL 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 65-0741786 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TARIFA, FABIAN 61 TOTOLOCHEE DRIVE Street Address (P.O. Box Number is Not Acceptable) HIALEAH FL 33131 City Zio Code FL 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 . Signature, typed or preced name of registered agent and tale if applicable (NOTE Regislated Agent signature required when romstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete THLE ☐ Change Addition U000000477315 NAME TARIFA, FABIAN MAME 04/06/06-80047-010 150.00 STREET ADDRESS 61 TOTOLOCHEE DRIVE STREET ADDRESS CITY-ST-7/P HIALEAH FL 33131 CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change Addition NAME TRUJILLO, ENRIQUE NAME STPEET ADDRESS PHILLIS COURT STREET ADDRESS CITY-ST-ZIP WAYNE NJ 07470 CITY - ST-ZIP HILE ☐ Delete D HILE ☐ Chaque Addition NAME MARTINEZ, FULGENCIO NAME STREET ADDRESS STREET ADDRESS 61 TOTOLOCHEE DRIVE CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33131 THLE ☐ Detete TITE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIF CITY - ST - ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information inclicated 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 curporation 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.

Daytime Phone #