
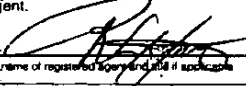
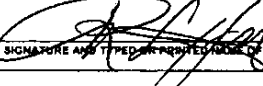


**FILED**  
**May 31, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90192 008 \*\*\*150.00

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P97000098643</b>		
1. Entity Name <b>LOS RANCHEROS OF FWB, INC.</b>		
Principal Place of Business <b>300 EGLIN PKWY. FORT WALTON BEACH, FL 32547</b>		Mailing Address <b>100 JOHN KING RD CRESTVIEW, FL 32536</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>CHAVEZ, ROGELIO 300 EGLIN PKWY. FORT WALTON BEACH, FL 32547</b>		<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:  DATE: <b>4-16-07</b> <small>Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		
TITLE	P.	
NAME	CHAVEZ, ROGELIO	
STREET ADDRESS	300 EGLIN PKWY.	
CITY- ST- ZIP	FORT WALTON BEACH, FL 32547	
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
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:  <b>Rogelio Chavez</b> <b>5-23-7</b> <b>850-685-1493</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		

66017256



04112007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3477082**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE  
IN THIS SPACE**