

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90195 014 ***150.00

DOCUMENT # P98000022543 1. Entity Name EL RANCHERITO, INC.			
Principal Place of Business 975 CHARMIL AVE. LAKE ALFRED, FL 33850		Mailing Address 975 CHARMIL AVE. LAKE ALFRED, FL 33850	
2. Principal Place of Business - No P.O. Box # 490 SOUTH ILAKEE AVENUE Suite, Apt. #, etc.		3. Mailing Address 490 SOUTH ILAKEE AVENUE Suite, Apt. #, etc.	
City & State LAKE ALFRED, FL Zip 33850-2634		City & State LAKE ALFRED, FL Zip 33850-2634	
Country		Country	
4. FEI Number 59-3498704		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SOLORZANO, ANTONIO M 975 CHARMIL AVE. LAKE ALFRED, FL 33850		7. Name and Address of New Registered Agent Name SOLORZANO, ANTONIO M. Street Address (P.O. Box Number is Not Acceptable) 490 SOUTH ILAKEE AVENUE City LAKE ALFRED FL Zip Code 33850-2634	
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 <u>ANTONIO M. SOLORZANO</u> <u>Antonio M Solorzano</u> <u>4-23-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP D SOLORZANO, ANTONIO M 975 CHARMIL AVE. LAKE ALFRED, FL 33850	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 490 SOUTH ILAKEE AVENUE LAKE ALFRED, FL 33850-2634	<input checked="" 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
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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: <u>ANTONIO M. SOLORZANO</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>Antonio M Solorzano</u> <u>4-23-07</u> <small>Date Daytime Phone #</small>	