


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90164 035 ***158.75

DOCUMENT # P99000047038	
1. Entity Name GIRALDO ARANGO, EL RINCONCITO PAISA III, INC.	

Principal Place of Business 15148 SW 72 STREET MIAMI, FL 33193	Mailing Address 15148 S.W. 72 STREET MIAMI, FL 33193
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60032490



2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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04162008 Chg-P CR2E034 (12/06)

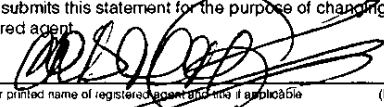
City & State	City & State
Zip	Country

4. FEI Number 65-0922303	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent GIRALDO SEGURO, YERMIN CRISTIN 4787 SW 154TH AVE MIAMI, FL 33185-4429		7. Name and Address of New Registered Agent Name: <u>Giraldo, Yermin Cristina</u> Street Address (P.O. Box Number is Not Acceptable): <u>4787 SW 154TH AVE.</u> City: <u>Miami</u> FL Zip Code: <u>33185</u>	
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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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.

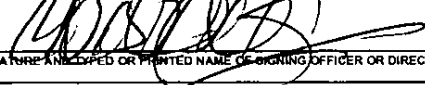
SIGNATURE *  * 04-24-08

Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GIRALDO SEGURO, YERMIN CRISTIN 4787 SW 154TH AVE MIAMI, FL 331854429 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD GIRALDO SEGURO, DAYANA MARIA 4787 SW 154TH AVE MIAMI, FL 331854429 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD GIRALDO SEGURO, JAMES ARNOLDO G 4787 SW 154TH AVE MIAMI, FL 331854429 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD GIRALDO SEGURO, JOHN SMITH 4787 SW 154TH AVE MIAMI, FL 331854429 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input 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
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: *  * 04-24-08 * (786) 385-3849

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #