## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# S17583

FILED Mar 06, 2007 Secretary of State

Entity Name: LOS RANCHOS OF THE FALLS, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
888 SW <sup>-</sup>	136 ST				
IIAMI, FL	33176 US	3			
current Mailing Address:			New Mailing Addres	New Mailing Address:	
IANCY V. 25 SW 10 11AMI, FL	07 AVENUE	6	MYRNA SOMOZA 125 SW 107 AVENUE MIAMI, FL 33174	E US	
El Number	: 65-0231421	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired (X)	
ame and	Address of	Current Registered Agent:	Name and Address	of New Registered Agent:	
60MOZA, 888 SW 303	136 ST				
IAMI, FL	33176 US				
he above		submits this statement for th	e purpose of changing its registere	ed office or registered agent, or both,	
he above the State	named entity e of Florida.	submits this statement for th	e purpose of changing its registere	ed office or registered agent, or both,	
ne above the State	named entity e of Florida. RE:	submits this statement for the onic Signature of Registered A		ed office or registered agent, or both,  Date	
he above the State	named entity e of Florida. RE: Electro				
he above the State IGNATUI	named entity e of Florida. RE: Electro	onic Signature of Registered A	Agent		
ne above the State GNATUI ection Car FFICER: le:	named entity of Florida. RE: Electro mpaign Financii S AND DIREG	onic Signature of Registered Ang Trust Fund Contribution ( ).  CTORS:  ) Delete (RNA) 6 ST. S303	Agent	Date	
ne above the State GNATUI	e named entity e of Florida.  RE:  Electro  mpaign Financia  S AND DIRECT  PD ( SOMOZA, MY 8888 S.W. 13 MIAMI, FL 33	onic Signature of Registered Ang Trust Fund Contribution ( ).  CTORS:  ) Delete (RNA 6 ST. S303 1176  ) Delete IS 6 ST. S303	Agent  ADDITIONS/CHANG  Title:  Name:  Address:	Date  BES TO OFFICERS AND DIRECTOR	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MYRNA SOMOZA PD 03/06/2007