## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

## Feb 16, 2004 8:00 am Secretary of State **DOCUMENT #818106** 02-16-2004 90038 003 \*\*\*150 00 1. Entity Name RED OAK STABLES, INC. Principal Place of Business Mailing Address 54006755 1655 U.S. HWY. 9 1655 U.S. HWY, 9 P.O.BOX 1004 P.O.BOX 1004 OLD BRIDGE, NJ 08857 OLD BRIDGE, NJ 08857 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01052004 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 22-1827984 Not Applicable Zip Country Zip\_ Country \$8.75 Additional \* 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BRUNETTI, JOHN J Street Address (P.O. Box Number is Not Acceptable) 2800 EAST FOURTH AVENUE HIALEAH, FL 33010 City Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE CP TITLE ☐ Change ☐ Addition ☐ Delete BRUNETTI, JOHN J NAME NAME STREET ADDRESS STREET ADDRESS 1655 US HWY 9 CITY-ST-ZIP OLD BRIDGE, NJ 00000, CITY-ST-ZIP D TITLE ☐ Change ☐ Addition Delete BRUNETTI, ANNA G. NAME NAME STREET ADDRESS 1655 US HWY 9 STREET ADDRESS CITY-ST-ZIP OLD BRIDGE, NJ 00000, CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE BRUNETTI, JOHN J. JR NAME NAME 1655 US HWY 9 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OLD BRIDGE, NJ 00000, CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE STEPHEN, BRUNETTI NAME 105 EAST 21 ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33010 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). 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 attachme

FILED