

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90238 017 ***150.00

DOCUMENT # **00000043922**
1. Entity Name
INTERNATIONAL EQUINE SERVICES, INC. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 851 TREE ISLAND BLVD		3. Mailing Address 1749 E. HALLANDALE BEACH BLVD	
Suite, Apt. #, etc. 201		Suite, Apt. #, etc. 206	
City & State HALLANDALE - FL		City & State HALLANDALE - FL	
Zip 33009	Country BROWARD	Zip 33009	Country BROWARD

DO NOT WRITE IN THIS SPACE

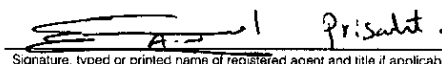
4. FEI Number 65-1013739	Applied For <input type="checkbox"/>	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name AMIN NAJM
Street Address (P.O. Box Number is Not Acceptable) 851 TREE ISLAND BLVD 201
City HALLANDALE FL Zip Code 33009

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.

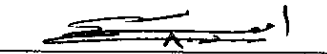
SIGNATURE  **Prisakt.** DATE **4/23/02**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD AMIN NAJM 851 TREE ISLANDS BLVD # 201 HALLANDALE FL 33009.	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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13. I hereby certify that the information supplied with this filing 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:  **AMIN NAJM** DATE **4/25/02** DAYTIME PHONE # **954 454 3456**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)