


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

**FILED**  
**Jul 18, 2005 8:00 am**  
**Secretary of State**

07-18-2005 90049 025 \*\*\*150.00

<b>DOCUMENT #</b> P04000092056	
1. Entity Name DZ STABLES, INC. 14581 Sheridan Street Ft. Lauderdale, FL 33330	

**DO NOT WRITE IN THIS SPACE**

**50055918**

2. Principal Place of Business 14581 Sheridan Street	3. Mailing Address Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Ft. Lauderdale	City & State Same	4. FEI Number 20-1275829	Applied For Not Applicable
Zip 33330	Country Broward	Zip	Country
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

**DO NOT WRITE IN THIS SPACE**

<b>7. Name and Address of Current Registered Agent</b>	
Name Darlene Zamora	
Street Address (P.O. Box Number is Not Acceptable) 14581 Sheridan Street	
City Ft. Lauderdale	FL Zip Code 33330

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dir. ZAMORA, DARLENE 14581 Sheridan St Ft. Lauderdale, FL 33330	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dir. ZAMORA, GEORGE 14581 Sheridan St Ft. Lauderdale, FL 33330	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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12. 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 10 or on an attachment with an address, with all other life empowered.

SIGNATURE: Darlene Zamora  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CDREC07AD 14707001

ATTACHMENT

PO4600092056

50055918

July 10, 2005

Division of Corporations  
Tallahassee, Fl. 32302

Dear Sir or Madam;

Enclosed is our Annual Report and payment of \$150.00.  
We did not receive a prior notice and did not receive a  
blank report from your office. We also could not download  
a form from your website as your card (see enclosed) indicated  
that we could.  
We got a blank form from our accountant.  
Please send us a blank form next year.

Thank you,

Darlene Zamora

