

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000078696
 1. Entity Name
 JAMI & DESI STABLES, INC.



Principal Place of Business Mailing Address
 5011 NW 99TH TERRACE 5011 NW 99TH TERRACE
 CORAL SPRINGS, FL 33076 CORAL SPRINGS, FL 33076

DO NOT WRITE IN THIS SPACE



01152007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 20-2940319 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 VAN HEMEL, MARY K
 5011 NW 99TH TERRACE
 CORAL SPRINGS, FL 33076

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

U00000590750
 01/18/07-80068-011 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	VAN HEMEL, MARY K
STREET ADDRESS	5011 NW 99TH TERRACE
CITY-ST-ZIP	CORAL SPRINGS, FL 33076
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Mary K. Van Hemel 1/16/07 954-255-5559
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #