2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000036825

1. Entity Name
HORSE N' THINGS, INC.

Principal Place of Business	Mailing Address
740 W 49TH ST HIALEAH, FL 33012-3609	740 W 49TH ST HIALEAH, FL 33012-3609

DO NOT WRITE IN THIS SPACE

04152005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0845959

Applied For
Not Applic

5. Certificate of Status Desired ☐ $8.75 Acc to ra Fee Rec. ec

6. Name and Address of Current Registered Agent

GIULIANTI, STACEY A ESQ
350 EAST LAS OLAS BLVD, STE 1440
FORT LAUDERDALE, FL 33301

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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 acc the obligations of registered agent.

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Accec to Fees

U00000320325
04/21/05-80031-022 150.00

10. OFFICERS AND DIRECTORS

[illegible]	PSD
NAME	NUNEZ, MAURICIO A
STREET ADDRESS	3811 SW 32ND AVE
CITY-ST-ZIP	HOLLYWOOD, FL 33023
[illegible]	TD
NAME	DOMINKOVICS, NIKOLAUS S
STREET ADDRESS	1041 N 70 AVE
CITY-ST-ZIP	HOLLYWOOD, FL 33024
[illegible]	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
[illegible]	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
[illegible]	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
[illegible]	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 informati 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 direc 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: NIKOLAUS S. DOMINKOVICS (TREASURER) 04/19/05 (305) 822-1713
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #