


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 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 **740 W 49TH ST**
HIACLEAH, FL 33012-3609 **HIACLEAH, FL 33012-3609**

DO NOT WRITE IN THIS SPACE



02062006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0845959	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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 accept 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, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD NUNEZ, MAURICIO A 3811 SW 32ND AVE HOLLYWOOD, FL 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DOMINKOVICS, NIKOLAUS S 1041 N 70 AVE HOLLYWOOD, FL 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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:  **NIKOLAUS S. DOMINKOVICS - TREASURER** 02/19/06 305 822-1713

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #