

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 658108

Entity Name: AFRIBIAN STUD, INC.

FILED
Apr 26, 2009
Secretary of State

Current Principal Place of Business:

1619 NW 5TH STREET
CHIEFLAND, FL 32626

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 364
REDDICK, FL 32686

New Mailing Address:

FEI Number: 59-1988592

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YOUNG, BETTY A
4047 SW 51ST COURT
OCALA, FL 34474 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GUYOT, DOMINIQUE
Address: P.O. BOX 364
City-St-Zip: REDDICK, FL 32686

Title: VP () Delete
Name: BARNES, ROMAN R
Address: P.O. BOX 364
City-St-Zip: REDDICK, FL 32686

Title: S () Delete
Name: SPITZER, ELLEN F
Address: 1850 MONROE STREET
City-St-Zip: HOLLYWOOD, FL 33020

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOMINIQUE GUYOT

P

04/26/2009

Electronic Signature of Signing Officer or Director

Date