

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**

05-23-2001 91188 017 \*\*\*150.00

<b>DOCUMENT #</b>		<b>May 23, 2001 8:00 a</b> <b>Secretary of State</b> 05-23-2001 91188 017 ***150.00	
1. Entity Name <b>ALBATROZ BLOODSTOCK AGENCY, INC.</b>			
Principal Place of Business		Mailing Address	
<b>838 E. Euclid Avenue 407</b>		<b>Lexington, Ky 40502-1700 USA</b>	
2. Principal Place of Business		Mailing Address <i>Radian, B &amp; Company</i>	
<b>838 E. EUCLID AVE</b>		<b>525 West Second Street</b>	
Suite, Apt., etc. <b>SUITE # 407</b>	Suite, Apt., etc.		
City & State <b>Lexington - KY</b>	City & State <b>Lexington, Ky</b>	4. FEI Number <b>61-1185073</b>	Applied For Not Applicable
Zip <b>40502</b>	Country <b>USA</b>	Zip <b>40508</b>	Country <b>USA</b>
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>C.T. Corporation System</b> <b>1200 South Pine Island Road</b> <b>Plantation, FL 33324 US</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		State Zip Code <b>FL</b>	
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.			
SIGNATURE _____ DATE _____			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>			
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President Renato G. Alvarez Filho</b> <input type="checkbox"/> Delete <b>838 E. Euclid Ave 407</b> <b>Lexington, Ky 40502-1700 USA</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VST Maria C.G. Alvarez</b> <input type="checkbox"/> Delete <b>838 E. Euclid Ave # 407</b> <b>Lexington - KY 40502 USA</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <b>Renato G. Alvarez Filho</b>		Date: <b>May 10, 2001</b> Daytime Phone #: <b>(859) 966-3489</b>	