2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 13, 2006 8:00 am Secretary of State

DOCUMENT # F96000002450 1. Entity Name R AND R KING STABLES, INC.									03-13-2006 9	0 8800	06 ***150	.00
Principal Place of Business 1301 SPANISH RIVER RD BOCA RATON, FL 33432 Mailing Address 1301 SPANISH RIV BOCA RATON, FL 33432 BOCA RATON, FL 3						-				-	-	
2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				02272006	Chg-P	CR2	E034 (11/05))
City & State				City & State				4. FEI Numb			<u> </u>	Applied For
Zip	Country			Zip C		ntry 5.			e of Status Desired		\$8.75 Ad	ditional
6. Name and Address of Current Registered				stered Agent		Name		7. Name an	d Address of New I	Registere		
WILSON, CHRISTINA						Street Address (P.O. Box Number is Not Acceptable)						
1301 SPANISH RIVER RD BOCA RATON, FL 33432						Street Add	CIESS (I	P.O. BOX NUME	Der is Not Acceptable			
						City		-		F	Zip Cod	de
			ent for the	purpose of changing its	register	ed office or r	register	ed agent, or bo	oth, in the State of Fi			, and accept
the obligations of registered agent.												
SIGNATURE Signature, typed or printed name of registered agent and title # applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
FIL After M	E NOW!!! ay 1, 200	FEE IS \$150.00 6 Fee will be \$5	ncing	\$5. 0 Adde	00 May Be ad to Fees							
10.	D	OFFICERS	AND DIRE		11.			ADDITIONS	CHANGES TO OFF	ICERS AN		RS IN 11
TITLE NAME	KING, ROGER					€	KIN D	IG, ROGE	R		XX Change	T WOOTHOR
STREET ADDRESS CITY-ST-ZIP	S 1 HOWE STREET BAY HEAD, NJ 08742					ET ADDRESS -ST-ZIP	130 BOC)1 SPAN CA RATO	R IISH RIVE N, FL 33	R RO 432	AD	
TITLE NAME STREET ADDRESS	C/O CBS	, ROBERT V 2401 COLORADO		☐ Delete	4	ET ADDRESS	-				☐ Change	Addition
CITY-ST-ZIP	SANTA MONICA, CA 90404			Delete 1		ST-ZIP		· · · · · · · · · · · · · · · · · · ·			☐ Change	☐ Addition
NAME	ļ		25 50,000	NAME	ET ADDRESS					_	_	
STREET ADDRESS . CITY-ST-ZIP						ST-ZIP						
TITLE NAME	···· -			☐ Delete	TITLE NAME						☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP	<u> </u>				STREE	T ADDRESS ST-ZIP	<u>-</u>					
TITLE NAME				☐ Delete	T?TLE NAME						☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP					STREE	T ADDRESS ST-ZIP						
TITLE NAME				Delete	TITLE NAME	1					☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP						T ADORESS ST-ZIP						
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 attaionment with an address, with all other like empowered.												
SIGNAT	IIRE:	$ \mathcal{Y} $	M	1~				3,	19/06			
JIGIYAT	OKE	GINATURE AND TYPES	OR PRINTED	NAME OF SIGNING OFFICER O	OR DIRECTO	OR			Date		Daytime Phone #	—— ſ