

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jul 18, 2007 08:00 AM
Secretary of State**

DOCUMENT # F97000000402 1. Entity Name THE RUDOLPH STABLES, INC.	
--	---

Principal Place of Business % NBTY 90 ORVILLE DR BOHEMIA, NY 11716	Mailing Address % NBTY 90 ORVILLE DR BOHEMIA, NY 11716
---	---



07022007 No Chg-P CR2E034 (11/05)

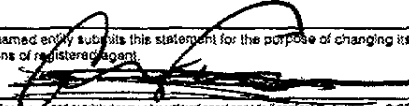
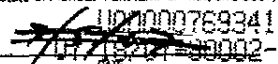
DO NOT WRITE IN THIS SPACE

4. FEI Number 11-2337461	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

DO NOT WRITE IN THIS SPACE

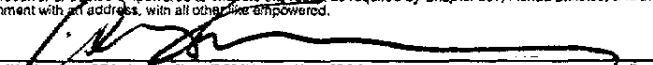
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
SIGNATURE:  
DATE: 7/15/2007

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
--	--	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP RUDOLPH, ARTHUR 17615 LAKE ESTATES DR BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCS RUDOLPH, SCOTT 17615 LAKE ESTATES DR BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUDOLPH, MILLICENT 17615 LAKE ESTATES DR BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE 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 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:  Date: 7/5/2007
Daytime Phone: (631) 244-2026