2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 05, 2007 08:00 AM DOCUMENT # G23383 **Secretary of State** 1. Entity Name RALPH ZIADIE RACING STABLES, INC. Principal Place of Business Mailing Address 3701 SW 141 AVE MIRAMAR FL 33027 3701 SW 141 AVE MIRAMAR FL 33027 2. Principal Place of Business - No P.O Box # 3. Mailing Address Suite, Apt #, etc Suite. Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 59-2258048 Not Applicable Zıp Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ZIADIE, RALPH Street Address (P.O. Box Number is Not Acceptable) 3701 SW 141ST AVE. MIRAMAR FL 33027 City Zip Code 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ΡÑ TITLE ☐ Defete Change DILE ☐ Addition ZIADIE, RALPH U0000062359E NAME NAME 3701 SW 141 AVE 02/13/07-80071-015 150.00 STREET ADDRESS STREET ADDRESS MIRAMAR FL CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IIIŒ Delete TITLE Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY ST ZIF CITY - ST - ZIP Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-78P TITLE Delete DILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP IIILE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

AME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED