


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # H34140	
1. Entity Name STRIDE RITE RACING STABLE, INC.	

Principal Place of Business 16601 ROYAL POINCIANA COURT FT. LAUDERDALE FL 33326	Mailing Address 16601 ROYAL POINCIANA COURT FT. LAUDERDALE FL 33326
----------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E034 (10/06)

4. FEI Number 59-2476842	Applied For <input type="checkbox"/> Not Applicable
---------------------------------	--------------------------------------------------------

6. Name and Address of Current Registered Agent THAW, NORMAN 16601 ROYAL POINCIANA COURT FT. LAUDERDALE FL 33326

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL 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 the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees
-------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------

10. OFFICERS AND DIRECTORS	
TITLE PD	<input type="checkbox"/> Delete
NAME THAW, NORMAN	
STREET ADDRESS 16601 ROYAL POINCIANA CT	
CITY - ST - ZIP FT. LAUDERDALE FL	
TITLE STD	<input type="checkbox"/> Delete
NAME FRIEDFERTIG, STEVEN	
STREET ADDRESS 19707 TURNBERY WAY #12A	
CITY - ST - ZIP NORTH MIAMI BEACH FL	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 1109, 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:  **1/30/07** **954-389-0374**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #