

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2008 08:00 A**  
**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



03262008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**59-2476842**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

THAW, NORMAN  
16601 ROYAL POINCIANA COURT  
FT. LAUDERDALE, FL 33326

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME THAW, NORMAN  
STREET ADDRESS 16601 ROYAL POINCIANA CT  
CITY-ST-ZIP FT. LAUDERDALE, FL

TITLE STD  
NAME FRIEDFERTIG, STEVEN  
STREET ADDRESS 19707 TURNBERY WAY #12A  
CITY-ST-ZIP NORTH MIAMI BEACH, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000874544  
04/10/08-80126-002 150.00

**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: X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**X 3/26/08 954-389-0374**  
Date Daytime Phone #