

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H57275

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** MILES SADDLERY, INC.

**Current Principal Place of Business:**

19015 E. ST. ANDREWS DRIVE  
HIALEAH, FL 33015

**New Principal Place of Business:**

810 NE 26 AVENUE  
HALLANDALE BEACH, FL 33009 US

**Current Mailing Address:**

19015 E. ST. ANDREWS DRIVE  
HIALEAH, FL 33015

**New Mailing Address:**

810 NE 26 AVENUE  
HALLANDALE BEACH, FL 33009 US

**FEI Number:** 59-2586465

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MILES, RALPH F.  
19015 E ST ANDREWS DR.  
HIALEAH, FL 330159314 US

**Name and Address of New Registered Agent:**

MILES, DIANE  
612 NE 27 AVENUE  
HALLANDALE BEACH, FL 33009 US

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.

SIGNATURE: DIANE MILES

04/30/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PST  
Name: MILES, LYNN  
Address: 810 NE 26 AVE  
City-St-Zip: HALLANDALE, FL 33009

Title: D  
Name: MILES, LYNN  
Address: 810 NE 26 AVE  
City-St-Zip: HALLANDALE, FL 33009

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LYNN MILES

PST

04/30/2012

Electronic Signature of Signing Officer or Director

Date