## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # K69788

1. Entity Name

PECORARO RACING STABLES, INC.

FILED Apr 13, 2005 08:00 AN Secretary of State

Principal Place of Business

19101 SW 57TH CT. FORT LAUDERDALE, FL 33332 Mailing Address

19101 SW 57TH CT. FORT LAUDERDALE, FL 33332



DO NOT WRITE IN THIS SPACE

04112005 No Chg-P CF

CR2E034 (10/03)

4. FEI Number 65-0094851

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PECORARO, MATTEO 19101 SW 57TH CT. FORT LAUDERDALE, FL 33332

## DO NOT WRITE IN THIS SPACE

TORT BRODER, TE SSSSE			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 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 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.			U00000301951 04/13/05-80048-005 150.00
10.	OFFICERS AND DIREC	TORS			
NAME STREET ADDRESS CITY-ST-ZIP	PD PECORARO, MATTEO 19101 SW 57TH CT. FORT LAUDERDALE, FL 33332				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS PECORARO, JOSEPHINE 19101 SW 57TH CT. FORT LAUDERDALE, FL 33332		DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-SI-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME					1

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/05 954

954-680-8879

Daylima Phone #