## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

CORPORATION ANNUAL REPORT





FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L 90 408

KAREN THOROUGH BREDS, INC.

**FILED** May 28 1997 8:00am Secretary of State

					4			
Principal Place of Bus	iness	Mailing Address		عدده سری				
1750 N.4	V. 165th ST	n. 1/80 A	$\mathcal{V}_{\ell}\mathcal{W}_{\ell}$	165 STR	4			
CITRA, FL. 32113 CITRA, F				. 37113			<del></del>	
					3. Date Incorporated or Qualified O7/20 (990)			
2. Principal Place of E	Business	2a. Mailing Address			4. FEI Number	<del></del>	oplied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			.59 - 30 83602 Not Applicable			
22		27			5. Certificate of Status Desired	1 1	Additional Required	
City & State		City & State			6. Election Campaign Financing \$5.00 May Be			
23		28			Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Countr	у	8. This corporation has liability for in		s. 199.032,	
24	25	29	30			Yes No		
9. Ni	ame and Address of Curren	t Hegistered Agent	81	Name	10. Name and Address of New Rec	istered Agent	<del>.</del>	
MALNATI, GIANCARLO				Ivaille				
	, ,		82	Street Addre	ress (P.O. Box Number is Not Acceptable)			
1750 N.W. 165 STR.			83	<del>                                     </del>				
CITA	27113		ļ <u>.</u>					
	$A$ $_{1}FL$ . 3	) 2 (( )	84	City		FI 85 Zip	Code	
11. Pursuant to the pr	ovisions of Sections 607.0502	and 607.1508, Florida Statu	tes, the abov	e-named corpo	oration submits this statement for the pu	rpose of changing	its registered	
office or registerer	d age <u>nt,</u> or both, in the State ar with, and accept the obliga	of Florida, Such channe was	authorized h	withe corporatio	on's board of directors. I hereby accep-	, the appointment as	s registered	
SIGNATURE	Clealust.	•	Q	level	unt: APR	18/09		
Signature	typed winted name of registered agor			ent signature require		DAY		
12.	OFFICERS AND	DELETE	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICE			
	DALLI OCLIO DOTT. ALEARDO 12h DDRESS 20143 MILANO SITALY) 135					Change	Addition	
				T ADDRESS				
CITY-ST-ZIP				IY-SI-ZIP				
THE 11		Upticit	21 TITLE	V1 2.1		☐ Change	Addition	
NAME MY	MALNATI GIANCARLO 22 PRESS 1750 N.W. 165 STR. 23 P CITRA FL 32113 24			Ì				
STREET ADDRESS 175	1750 N.W. 165 STR.		2.3 STREE	T ADDRESS				
CITY-ST-ZIP	CITRA FL		2 4 CITY-	ST - ZIP				
TITLE		☐ DELETE	3.1 TOTLE			Change	Addition	
NAME			32 NAME				}	
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP TITLE		DELETE	3.4. CiTY - 4.1 TITLE	S1 - ZIP		Change	Addition	
NAME		_ occur	4.2 NAME				- YOUROH	
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP			4.4 CITY - 5				}	
TITLE		☐ DELETE	5.1 TITLE			Change	Addition	
NAME		5.2 NA			00000220	000002204670 -06/06/9701103014		
STREET ADDRESS	5.3 \$		5.3 STREE	I ADDRESS	-06/06/970110301			
CITY-ST-ZIP			5.4 CITY - 5	ST - ZIP	***165.00	<u>-</u> ,		
TITLE		☐ DELETE	6.1 TITLE			Change	Addition	
NAME			6.2 NAME			13	276	
STREET ADDRESS				ADDRESS		<i>b</i> .	VO	
14. I do hereby certify	that the information supplied	with this fiting does not quali-	6.4 CITY-S fy for the exe		in Section 119.07(3)(i), Florida Statutes	I further certify that	<b>3</b>	
		and an analysis of the same of	.,		zzzadi. Trator (o)(i), Honda olaldiga	Transfer Colony (110)	0.70	

an eponus froe and accurate and that my signature shall have the same legal effect as if made under oath; that stee empowered to execute this report as required by Chapter 60 **GIANCAPLO MALNATY, D.V.M.** with an address. 1750 N.W. 165th STREET

CITRA, FL 32113 PH. (352) 691-1962