

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008739

FILED  
Apr 09, 2008  
Secretary of State

**Entity Name:** THE NEW HORSEMEN ASSOCIATION CORP.

**Current Principal Place of Business:**

1772 NW 45 ST.  
MIAMI, FL 33142

**New Principal Place of Business:**

**Current Mailing Address:**

1772 NW 45 ST.  
MIAMI, FL 33142

**New Mailing Address:**

**FEI Number:** 20-3410414

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

POWELL, VERMAN  
1480 NW 121 ST.  
MIAMI, FL 33167 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: POWELL, VERMAN  
Address: 1480 NW 121 ST.  
City-St-Zip: MIAMI, FL 33167

Title: SD ( ) Delete  
Name: DOOBAY, ROBERT  
Address: 142 NE 68 ST. APT.#2  
City-St-Zip: MIAMI, FL 33138

Title: TD ( ) Delete  
Name: POWELL, VERMAN  
Address: 1480 NW 121 ST.  
City-St-Zip: MIAMI, FL 33167

Title: VP ( ) Delete  
Name: SMITH, WILLIE  
Address: 1970 NW 173 ST.  
City-St-Zip: MIAMI, FL 33056

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VERMAN POWELL

PD

04/09/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date