2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009032

FILED Mar 03, 2009 Secretary of State

Entity Name: SOUTH FLORIDA REINING HORSE ASSOC. INC.

urrent P	rincipal Place	OF DUSINESS:	New Principal Plac	e or business:
	ACUDA BLVD GO, FL 33037			
urrent M	lailing Addres	s:	New Mailing Addre	ess:
	ACUDA BLVD GO, FL 33037			
El Number	: 35-2309631	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
ame and	l Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:
AMEJO, 75 FONT IIAMI, FL	AINEBLEAU BI	LVD STE 1G-6		
	e named entity s e of Florida.	submits this statement for the p	urpose of changing its register	red office or registered agent, or bot
the State	e of Florida. 	submits this statement for the p	ourpose of changing its register	red office or registered agent, or bot
the State	e of Florida. RE:	submits this statement for the particles in the particles of Registered Age		red office or registered agent, or bot Date
the State	e of Florida. RE:	ic Signature of Registered Age	ent	
the State	e of Florida. RE: Electron S AND DIRECT	ic Signature of Registered Age FORS: Delete ERBIE ST	ent	Date
n the State GNATUF FFICER: itle: ame: ddress:	e of Florida. RE: Electron S AND DIRECT P () FOLGUEIRA, HE 20525 SW 198 MIAMI, FL 3318	ic Signature of Registered Age FORS: Delete ERBIE ST 37 Delete BRECZELN	ent ADDITIONS/CHANG Title: Name: Address:	Date GES TO OFFICERS AND DIRECTO
the State IGNATUF FFICERS ttle: ame: ddress: ity-St-Zip: ttle: ame: ddress:	e of Florida. RE: Electron S AND DIRECT P () FOLGUEIRA, HE 20525 SW 198 MIAMI, FL 3318 D () BRYSON, ROD 15606 OCEAN E WELLINGTON,	ic Signature of Registered Age FORS: Delete ERBIE ST 37 Delete BRECZELN FL 33414 Delete DA BLVD	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address:	Date GES TO OFFICERS AND DIRECTO () Change () Addition

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: JANE CAIRO D 03/03/2009