2004 FOR PROFIT CORPORATION ANNUAL REPORT

CRETARY OF STAIL **DOCUMENT # P00000034380** ASION OF CORPORATION 1. Entity Name STALLIONS WORLD FLORIDA USA, CORP. 04 AUG 27 PM 1:57 Principal Place of Business Mailing Address 18151 NE 31 COURT 18151 NE 31 COURT #1612 #1612 US AVENTURA, FL 33160 AVENTURA, FL 33160 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 08262004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 65-1025508 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TOBON, SANTIAGO Street Address (P.O. Box Number is Not Acceptable) 18151 NE 31 COURT **APT 1612** AVENTURA, FL 33160 City Zip Code FL 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 pratted name of registered agent and tale if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Due by September 8, 2004 Added to Fees corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 300040826213 TITLE D Delete THILE ☐ Addition NAME **TOLON, SANTIAGO** NAME 09/07/04--01005--004 **150.00 STREET ADDRESS 18151 NE 31 COURT APT 1612 STREET ADDRESS CITY-ST-ZIP AVENTURA, FL 33160 CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change □ Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 time empowered. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR Date Daytime Phone

STALLIONS WORLD FLORIDA USA, CORP 18151 N.E. 31 COURT #1612 AVENTURA, FL 33160

Doc. #P00000034380

August 26, 2004

Uniform Business Report Division of Corporations P.O. Box 1500 Tallahassee, Florida 32302-1500

To Whom It May Concern:

The purpose of this letter is to let your office know that as of today I have not received the Annual Report form for my corporation for the year 2004. I tried renewing it directly through the Internet but it would not allow me to. Therefore, I have not been able to renew my corporation. I've called several times requesting it, and every time the response was, we will send you as soon as possible. Yesterday I was finally able to at least print out the form by Internet. Last week I spoke to one of your representative and I was instructed to send the annual report along with a letter explaining what had happened. They also told me to include a check for \$150.00. I'm sending everything to your office the way I was told by one of your representative. If you need further information regarding this matter please, do not hesitate to contact me at your earliest convenience.

Thank you,

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Director