

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90185 039 \*\*\*150.00

**DOCUMENT # P00000034380**

1. Entity Name

**STALLIONS WORLD FLORIDA USA, CORP.**



Principal Place of Business

**18151 NE 31 COURT  
#1612  
AVENTURA FL 33160  
US**

Mailing Address

**18151 NE 31 COURT  
#1612  
AVENTURA FL 33160  
US**



2. Principal Place of Business

**18151 NE 31 CT**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**AVENTURA FL**

City & State

Zip

Zip

Country

**33160**

**USA**

Zip

Country

4. FEI Number

**65-1025508**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

**TOBON, SANTIAGO  
18151 NE 31 COURT  
APT 1612  
AVENTURA FL 33160**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 reissuing)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**D  
TOBON, SANTIAGO  
18151 NE 31 COURT APT 1612  
AVENTURA FL 33160**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**SANTIAGO TOBON 02/06/06. (786) 663 0301.**