

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000037130

1. Entity Name
SUB ROSA STABLE, INC.



Principal Place of Business
**ONE FINANCIAL PLAZA
STE 2700
FORT LAUDERDALE, FL 33394**

Mailing Address
**ONE FINANCIAL PLAZA
STE 2700
FORT LAUDERDALE, FL 33394**



01282004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1005954	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**IMPERATO, GABRIEL L
ONE FINANCIAL PLAZA
STE 2700
FORT LAUDERDALE, FL 33394**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

**000000111696
04/13/04-80030-015 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GOLDMAN, PETER R ESQ. 820 SE 8TH STREET FORT LAUDERDALE, FL 33316
--	---

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD BLOOMFIELD, CATHERINE G 2355 SE 5TH STREET OCALA, FL 34471
--	---

TITLE NAME STREET ADDRESS CITY - ST - ZIP	TSD IMPERATO, GABRIEL L ESQ. 3916 NE 22ND AVENUE FORT LAUDERDALE, FL 33308
--	---

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
--	--

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
--	--

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
--	--

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-29-04 954-764-7060