

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P00000071688

Entity Name: EQUINE EXCELLENCE, INC.

FILED
Oct 20, 2005
Secretary of State

Current Principal Place of Business:

3951 SW 128 AV
MIRAMAR, FL 33027

New Principal Place of Business:

16049 NW 120 ST
MORRISTON, FL 32668

Current Mailing Address:

3951 SW 128 AV
MIRAMAR, FL 33027

New Mailing Address:

16049 NW 120 ST
MORRISTON, FL 32668

FEI Number: 65-1028286

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAVIERI, JUAN JOSE
4314 FOXTAIL LANE
WESTON, FL 33331 US

Name and Address of New Registered Agent:

LAVIERI, JUAN JOSE
16049 NW 120 ST
MORRISTON, FL 32668 US

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: JUAN LAVIERI

10/20/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LAVIERI, JUAN JOSE
Address: 4314 FOXTAIL LN
City-St-Zip: WESTON, FL 33337

Title: D () Delete
Name: SOSA, MARIA LUISA
Address: 4314 FOXTAIL LN
City-St-Zip: WESTON, FL 33337

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LAVIERI, JUAN JOSE
Address: 16049 NW 120 ST
City-St-Zip: MORRISTON, FL 32668

Title: D (X) Change () Addition
Name: SOSA, MARIA LUISA
Address: 16049 NW 120 ST
City-St-Zip: MORRISTON, FL 32668

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUAN LAVIERI

D

10/20/2005

Electronic Signature of Signing Officer or Director

Date