

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000071688

FILED
Aug 28, 2007
Secretary of State

Entity Name: EQUINE EXCELLENCE, INC.

Current Principal Place of Business:

16049 NW 120 ST
MORRISTON, FL 32668

New Principal Place of Business:

Current Mailing Address:

16049 NW 120 ST
MORRISTON, FL 32668

New Mailing Address:

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
16049 NW 120 ST
MORRISTON, FL 32668 US

Name and Address of New Registered Agent:

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: _____

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: 16049 NW 120 ST
City-St-Zip: MORRISTON, FL 32668

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUAN JOSE LAVIERI

D

08/28/2007

Electronic Signature of Signing Officer or Director

_____ Date