


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90232 035 ***150.00

DOCUMENT # P00000096179

1. Entity Name
SUNBELT ARABIAN & MINIATURE HORSES, INC.



Principal Place of Business
**10700 FIESTA ST.
CLEARMONT, FL 34711 US**

Mailing Address
**10700 FIESTA ST.
CLEARMONT, FL 34711 US**

2. Principal Place of Business
AS Above

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

04142006 Chg-P CR2E034 (11/05)

4. FEI Number
65-1046426

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LOPARO, C.J.
2317 FAWN DRIVE
CORAL GABLES, FL 33134**

Now Address →

7. Name and Address of New Registered Agent

Name
LOPARO, C.J.

Street Address (P.O. Box Number is Not Acceptable)
10700 FIESTA ST.

City
Clearmont, FL Zip Code
34711

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 *C.J. Loparo O.D. [Signature]* DATE *4/27/06*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P LO PARA, GLORIA G 2317 FAWN DRIVE LOXAHATCHEE, FL 33470 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | ST LO PARA, C.J. 2317 FAWN DRIVE LOXAHATCHEE, FL 33470 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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]* **C. J. Loparo O.D.** DATE *4/27/06* DAYTIME PHONE # *407 7707107*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Received this for 4/26/06