


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90005 038 \*\*\*150.00

<b>DOCUMENT # P01000080643</b>	
1. Entity Name <b>JOSEPH GRAFFEO RACING STABLES, INC.</b>	

Principal Place of Business <b>1200 S. ROGERS CIRCLE BAY #10 BOCA RATON, FL 33487</b>	Mailing Address <b>1200 S. ROGERS CIRCLE BAY #10 BOCA RATON, FL 33487</b>
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2. Principal Place of Business - No P.O. Box # <b>2499 Glades Rd</b>	3. Mailing Address <b>2499 Glades Rd</b>
Suite, Apt. #, etc. <b>205</b>	Suite, Apt. #, etc. <b>205</b>
City & State <b>Boca Raton, FL</b>	City & State <b>Boca Raton, FL</b>
Zip <b>33431</b>	Country



04302007 Chg-P CR2E034 (12/06)

4. FEI Number <b>59-3741082</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>GRAFFEO, JOSEPH F 1200 S. ROGERS CIRCLE BAY #10 BOCA RATON, FL 33487</b>		
7. Name and Address of New Registered Agent Name <b>Graffeo, Joseph F</b> Street Address (P.O. Box Number is Not Acceptable) <b>2499 Glades Rd</b> <b>Suite 205</b> City <b>Boca Raton</b> <b>FL</b> Zip Code <b>33431</b>		

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 **Joseph Graffeo, President** DATE **4/30/07**

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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GRAFFEO, JOSEPH F 1200 S. ROGERS CIRCLE, #10 BOCA RATON, FL 33487</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Graffeo, Joseph F 2499 Glades Rd, Ste 205 Boca Raton, FL 33431</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRES GRAFFEO, JOSEPH F PRES 1200 S. ROGERS CIRCLE, #10 BOCA RATON, FL 33487</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2499 Glades Rd, Ste 205 Boca Raton FL 33431</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Joseph Graffeo, President** **4/30/07**

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