## **2008 FOR PROFIT CORPORATION** ANNUAL REPORT

## Mar 12, 2008 08:00 A Secretary of State **DOCUMENT # P01000094058 EXCELLENT STABLES INC.** Mailing Address Principal Place of Business 10100 NW 116 WAY 10100 NW 116 WAY SUITE #5 SUITE # 5 MEDLEY, FL 33178 MEDLEY, FL 33178 CR2E034 (11/05) 03042008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1137872 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent **URIBE, JOSE** DO NOT WRITE 1011 NW 116 WAY SUITE #5 IN THIS SPACE MEDLEY, FL 33178 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 DATE (NOTE: Registered Agent signature required when reinstating) Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAME URIBE, JOSE STREET ADDRESS 10100 NW 116 WAY CITY-ST-ZIP MEDLEY, FL 33178 FITLE U00000854726 03/27/08-80019-021 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 apdless, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**