

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000100898

Entity Name: A.F. HORSESHOEING, CORP.

FILED  
Apr 23, 2004  
Secretary of State

## Current Principal Place of Business:

21150 SE 42 ST  
MORRISTON, FL 32668

## New Principal Place of Business:

## Current Mailing Address:

21150 SE 42 ST  
MORRISTON, FL 32668

## New Mailing Address:

FEI Number: 65-1153283

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FAJARDO, ANDRIC  
2500 SW 107TH AVENUE SUITE 49  
MIAMI, FL 33165 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: FAJARDO, ANDRIC  
Address: P.O. BOX 772218  
City-St-Zip: OCALA, FL 34477

Title: VP ( ) Delete  
Name: FAJARDO, CRUCELIS  
Address: P.O. BOX 772218  
City-St-Zip: OCALA, FL 34477

## 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 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: FAJARDO CRUCELIS

VP

04/23/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date