## FILED Apr 17, 2003 8:00 am Secretary of State 04-17-2003 90158 048 \*\*\*158.75

DOCUMENT # P02000050739					] .	1000
1. ENTILY Name  EARN & LEARN RACING STABLE, INC.  3261 SW 67 AVE.  MIRAMAR FL. 33003						
320	5/ SU	UATAVE	CACING SI			
mi	RAN	AR FL.	33023	· · ·		ياه بد ين سيسيده مايين ويور ين ين سيسيده
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Jack of St					2	
2. Principal I	Place of Busin		3. Mailing Address	7 145		•
3261 SW 67 am			326/ &W 67 AUE. Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
3010.74			Jane, 1, 51.			No.
City & State  Mirener Fl			City & State MIRAMAL	FL.	4. FEI Number 02-0597368	Applied For Not Applicable
Zip 32	3023	Country BROWARD	Zip 33023	BROW ARD	5. Certificate of Status Desired	\$8.75 Additional Fee Required
AMENO-BEAUT	58442.00	thing the paper has easy	# 18 18 18 18 18 18 18 18 18 18 18 18 18		7. Name and Address of Current Registere	
Name						
DO NOT WRITE  Street Address (P.O. Box Number is Not Acceptable)						
IN THIS SPACE						
			re territores en estado			
		7-1-1-2		City	FI.	Zip Code
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.						
SIGNATURE .	Signature, typed	or printed name of registered agent a	nd title if applicable (NOT	E: Registered Agent signature required	when renstating) DATE	- "
O This coses	votico la ellei	ible to entiefy its Intensible	January 1 - N	lay 1≯Fee is \$150.00 \$		
		ible to satisfy its Intangible and elects to do so.	After May	1,Fee is \$550.00 d UBR is \$61.25	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
(See criter	ria on back)			ole to Department of Sta		Added to Fees
11.	10000	OFFICERS AND D	DIRECTORS	42.22.27.23		
title Name :	MESI	SENT ESLEY C	HAROO	TITLE		
STREET ADDRESS	32-61	LESLEY O SW 67/AVE AMAR FL		STREET ADDRESS		
CITY-ST-ZIP	MIG	RAMAR FL.	33093	CITY-ST-ZIP-		
TITLE NAME				TITLE	A Marin Marin Carlotte Co.	
STREET ADDRESS	,			STREET ADDRESS		
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·		CITY ST. 7IP		Car market and
TITLE		·				
NAME STREET ADDRESS				NAME STREET ADDRESS		
CITY-ST-ZIP				CITY ST-ZIP	DO NOT WRI	TE
SITUE ,				nne - 1	IN THIS SPACE	AE KONA
NAME EXECT ADDRESS				NAME OF THE		UE A
STREET ADDRESS CITY-ST-ZIP		•		STREET ADDRESS	Park No. 4 per Section 1997	
TITLE				mnt (		
NAME '				NAME		
STREET ADDRESS CITY-ST-ZIP	,			STREET ADDRESS CITY-ST-ZIP		
TITLE .				med 2 100		**************************************
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY+ST-ZIP				CITY ST-ZIP		5.280 MEST 97
13. Thereby certify that the information supplied with this filing does not qualify 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 signature shall have the same legal effect as if made under oath; that I am an officer or director of the execution of the ex						
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 11 or on an attachment with an address, without other like empowered.						
11/1/2 NI/1/2						

**FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR