

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90379 009 \*\*\*150.00

DOCUMENT # P02000073826

1. Entity Name  
 THE ART OF RIDING, INC.



Principal Place of Business  
 20201 SW 198TH STREET  
 MIAMI, FL 33187 US

Mailing Address  
 20201 SW 198TH STREET  
 MIAMI, FL 33187 US

2. Principal Place of Business  
 15511 SW 152 lane  
 Suite, Apt. #, etc.

3. Mailing Address  
 15511 SW 152 lane  
 Suite, Apt. #, etc.

City & State  
 Miami FL

City & State  
 Miami FL

Zip  
 33187

Country  
 USA

Zip  
 33187

Country  
 USA

04072004 Chg-P CR2E034 (10/03)

4. FEI Number  
 65-1093349

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

ALVAREZ, JORGE  
 12934 SW 133 CT  
 MIAMI, FL 33186

Name

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

City FL Zip Code

7. Name and Address of New Registered Agent

Name

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

City FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	DPT ALVAREZ-PEREZ, RUTH 20201 SW 198TH STREET MIAMI, FL 33187 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 15511 SW 152 lane miami FL 33187
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS PEREZ, IHOSHVANY J 20201 SW 198TH STREET MIAMI, FL 33187 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 15511 SW 152 lane miami FL 33187
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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

12. I hereby 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 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: Ruth Alvarez Perez 4-7-04 305-969-3268  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #