

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000078371

FILED
Jan 31, 2005
Secretary of State

Entity Name: THE EQUESTRIAN AUTHORITY, INC.

Current Principal Place of Business:

7090 SW 117TH AVE
MIAMI, FL 33183

New Principal Place of Business:

Current Mailing Address:

1550 MADRUGA AVENUE
406
CORAL GABLES, FL 33146

New Mailing Address:

FEI Number: 47-0877611

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEIVA, MARIA CAMILA
1550 MADRUGA AVENUE, SUITE 406
CORAL GABLES, FL 33146 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: DP () Delete
Name: LEIVA, SANDRA
Address: 12823 SW 112 PL
City-St-Zip: MIAMI, FL 33176

Title: DS () Delete
Name: LEIVA, MARIA CAMILA
Address: 1550 MADRUGA AVENUE
City-St-Zip: CORAL GABLES, FL 33146

Title: DT () Delete
Name: AMEGLIO, PAOLO
Address: 12823 S.W. 112 PLACE
City-St-Zip: MIAMI, FL 33176

Title: V () Delete
Name: LEIVA, GERMAN
Address: 1550 MADRUGA AVENUE
City-St-Zip: CORAL GABLES, FL 33146

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MARIA CAMILA LEIVA

D

01/31/2005

Electronic Signature of Signing Officer or Director

_____ Date