2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000117756

Entity Name: COLTACK EQUINE, INC.

FILED Jul 11, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

PO BOX 771226 PO BOX 771266 OCALA, FL 34477 OCALA, FL 34477

Current Mailing Address: New Mailing Address:

PO BOX 771226 PO BOX 771266 OCALA, FL 34477 PO BOX 771266 OCALA, FL 34477

FEI Number: 16-1637703 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ARROM, ORLANDO 10556 NW 26TH STREET SUITE 203 MIAMI, FL 33172 US

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition Name: ACOSTA, ALEJANDRO H Name: ACOSTA, ALEJANDRO H

 Name:
 ACOSTA, ALEJANDRO H
 Name:
 ACOSTA, ALEJANDRO H

 Address:
 13524 TURTLEMARSH LOOP APT. 637
 Address:
 1967 PISCES TERRACE

 City-St-Zip:
 ORLANDO, FL 32837
 City-St-Zip:
 WESTON, FL 33327

 Name:
 ACOSTA, LUIS E
 Name:
 ACOSTA, LUIS E

 Address:
 13524 TURTLEMARSH LOOP APT. 637
 Address:
 5240 SW 37TH STREET

 City-St-Zip:
 ORLANDO, FL 32837
 City-St-Zip:
 OCALA, FL 34474

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: LUIS E ACOSTA D 07/11/2005