2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 16, 2008 8:00 am Secretary of State

| State Stat | DOCUMENT # P0300006323 1. Entity Name THE BIG STABLE, INC | | | | | | 04-16-2008 | 90020 0 | 05 ***15 | 50.00 | |
|--|---|--------------------------------|---------------------|-------------|--|-------------------|-------------------------|--------------|--|-------------|--|
| 2. Principal Place of Business - No IPO. Box + 3. Mail no Accless 3. Mail no Acceptability | Principal Place of Business Mailing Address | | | | | | | | | | |
| Suito, Apt. #, etc. Applied For \$1-0451283 | 3558 N. UNIVERSITY DR 3558 N. UNIV | | | | | | | | | | |
| Suito, Apt. #, etc. Applied For \$1-0451283 | | | | | | | | | | | |
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| Zip Country Zip Country Zip Country St. Certificate of Satus Desired \$8.75 Additional Fee Required \$8.75 Add | Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | 03242008 | Chg-P | CR2E03 | 4 (12/06) | | |
| 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name N | City & State | | City & State | | | | | | | | |
| Name Street Address (P.O. Box Number is Not Acceptable) | Zip | Country | Zip | Country | | 5. Certificate of | f Status Desired | | | | |
| ADDISERNIA, GIUSEPPE 33065 Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | 6. Name and Address of Current | Registered Agent | | | 7. Name and | Address of New R | egistered A | gent | | |
| Sireal Anches (P.O. Box Number is Not Acceptable) City FL Zip Code City State of Post and a few of the purpose of changing its registered agent, or both, in the State of Proride. Lam familiar with, and accept the dollars of th | | | | Name | | | | | | | |
| 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature bried or prival warm of registered agent and set of accidable. (1001F-Registered Agent signature required warm registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. (1001F-Registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. (1001F-Registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. (1001F-Registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. (1001F-Registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. (1001F-Registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. (1001F-Registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. (1001F-Registered agent, or both, in the State of Florida. I am familiar with, and accept the submit of agent | 3558 N. UNIVERSITY DR | | | Street A | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| B. The above named entity submits this statement for the purposa of changing its registered office or registered agent, or both, in the State of Fordia. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$\$50.00 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 IIIL P. Grange Addition NAME IIIL NAME IIIL VP MAESTRE, ELSY 3558 N. UNIVERSITY DR CORAL SPRINGS, FL 33065 CITY-S1-2P CORAL SPRINGS, FL 33065 CITY-S1-2P OPEIde MAESTRE, MIREYA SIREL ADDRESS CITY-S1-2P OPEIde IIIL NAME SIREL ADDRESS CITY-S1-2P OPEIDE OPEIDE IIIL NAME | | | | | | | | | | | |
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| Spansore typed of printed name of registered appets and title of applicable. INDIF Registered Aperts signature required own removaling) DATE | | | | | | | | | | | |
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| 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information | | L | | | <u> </u> | | m, | | | -t | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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:

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/25/08.

(954)892-9198

Daytime Phone #