## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P03000111934

1. Entity Name

**BLACK LABEL STABLES CORPORATION** 



Principal Place of Business

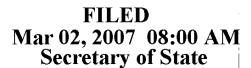
8249 NW 36 TH STREET

#120 DORAL, FL 33166 Mailing Address

8249 NW 36 TH STREET

#120

DORAL, FL 33166





## DO NOT WRITE IN THIS SPACE

02272007 No Chg-P CR2E034 (11/05)

4. FEI Number 74-3108160 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Regulred

6. Name and Address of Current Registered Agent

LOPEZ, JESUS E 8249 NW 36 TH STREET #120 DORAL, FL 33166

## DO NOT WRITE IN THIS SPACE

	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DA	TE .
SIGNATUR				
	re named entity submits this statement for the purpose of chang ations of registered agent.	ging its registered office or registered agent, or be	oth, in the State of Florida. 1	am familiar with, and accept

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Election Campaign Financing
Trust Fund Contribution.

\$5:00 May Be--Added to Fees 000000653461 03/13/07-80022-024 150.00

10. OFFICERS AND DIRECTORS TITLE NAME RIOS, JUAN C STREET ADDRESS 1791 NW 96 TERRACE #4P CITY-ST-ZIP PEMBROKE PINES, FL 33024 TITLE NAME PUZZI, CLETO STREET ADDRESS 1791 NW 96 TERRACE #4P CITY-ST-ZIP PEMBROKE PINES, FL 33024 TITLE LOPEZ, JESUS E NAME STREET ADDRESS 1791NW 96 TERRACE #4P CITY-ST-ZIP PEMBROKE PINES, FL 33024 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE

DO NOT WRITE IN THIS SPACE

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:

NAME Street address

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #