

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000126697

FILED
Apr 25, 2008
Secretary of State

Entity Name: CHAPEL TRAIL STABLES, INC.

Current Principal Place of Business:

1374 SW 179TH TERRACE
PEMBROKE PINES, FL 33029

New Principal Place of Business:

Current Mailing Address:

6466 NW 5TH WAY
FORT LAUDERDALE, FL 33309

New Mailing Address:

2953 W. CYPRESS CREEK RD
101
FORT LAUDERDALE, FL 33309

FEI Number: 20-0424520

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAYDOCK, VINCENT
1374 SW 179TH TERRACE
PEMBROKE PINES, FL 33029 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: D () Delete
Name: HAYDOCK, VINCENT
Address: 1374 SW 179TH TERRACE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: D () Delete
Name: TIRICO, DARYL
Address: 2549 NE 26TH TERRACE
City-St-Zip: FORT LAUDERDALE, FL 33305

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 exemption stated 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 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: VINCENT HAYDOCK

PRES

04/25/2008

Electronic Signature of Signing Officer or Director

_____ Date