

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90133 047 ***150.00

DOCUMENT # P03000137990		
1. Entity Name KIRK ZIADIE RACING STABLES INC		

Principal Place of Business 1152 N UNIVERSITY DR SUITE 301 PEMBROKE PINES, FL 33024	Mailing Address 1152 N UNIVERSITY DR SUITE 301 PEMBROKE PINES, FL 33024
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2. Principal Place of Business 3701 SW 141ST AVE	3. Mailing Address 10670 GREENWICH LANE
Suite Apt # etc	Suite Apt # etc

City & State MIRAMAR, FL	City & State WELLINGTON, FL
Zip 33027	Zip 33414
County USA	County USA

04092006 Chg-P CR2E034 (11/05)

4. FE Number 20-0416049	Added For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ZIADIE, KIRK 3701 SW 141ST AVE MIRAMAR, FL 33027	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

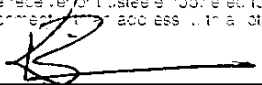
8. The above named entity, submits this statement for the purpose of changing its registered office or registered agent or both in the State of Florida. I am fully aware and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature must be in ink and must be of the individual who is the registered agent or the individual who is the registered office.

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			11. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Date	TITLE	☐ Change	☐ Addition
NAME	ZIADIE, KIRK		NAME		
STREET ADDRESS	3701 SW 141ST AVENUE		STREET ADDRESS		
CITY/STATE/ZIP	MIRAMAR, FL 33027		CITY/STATE/ZIP		
TITLE		☐ Date	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY/STATE/ZIP			CITY/STATE/ZIP		
TITLE		☐ Date	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY/STATE/ZIP			CITY/STATE/ZIP		
TITLE		☐ Date	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY/STATE/ZIP			CITY/STATE/ZIP		
TITLE		☐ Date	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY/STATE/ZIP			CITY/STATE/ZIP		
TITLE		☐ Date	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY/STATE/ZIP			CITY/STATE/ZIP		

12. I hereby certify that the information supplied in 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 Book 10 or Book 11 if changed, or on an attachment thereto, address with a date like embossed.

SIGNATURE: 	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Office Address
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