

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P04000091633

1. Entity Name  
P.B. EQUINE PRODUCTS, INC.



Principal Place of Business

205 WORTH AVENUE  
303  
PALM BEACH, FL 33480 US

Mailing Address

205 WORTH AVENUE  
303  
PALM BEACH, FL 33480 US



04302008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-1252288

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

BRIAN, PHILIPPE J  
205 WORTH AVENUE  
303  
PALM BEACH, FL 33480

**DO NOT WRITE  
IN THIS SPACE**

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 familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

U00000945367  
05/30/08-80006-001 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BENOIT, PHILIPPE 205 WORTH AVENUE SUITE 300 WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT PRUDENT, HENRI 805 WEST WASHINGTON STREET MIDDELBURG, VA 20118
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRIAN, PHILIPPE J 205 WORTH AVENUE SUITE 303 PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:

*Philippe J Brian* PHILIPPE J-BRIAN 04/30/08 561 2144445

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #