FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P04000092056

1. Entity Name



FILED Jul 18, 2005 8:00 am Secretary of State

07-18-2005 90049 025 ***150.00

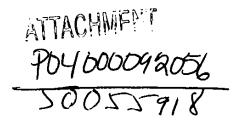
DZ STABLES, INC. 14581 Sheridan Street Ft. Lauderdale, Fl. 33330					_				
	DO NOT WRITE	E	50055918						
14581 Sheridan Street Suite, Apt. #, etc.		3. Mailing Address Same Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State Ft. Lauderdale		City & State Same		4. FEI Nu	umber 20-1275829		Applied For Not Applicable		
Zip Country 3330 Broward		Zip	Count	ry				8.75 Additional ee Required	
	DO NOT W			Street Address 1458	ene Zan (P.O. Box Nu 1 Sheri Laudero	imber is Not Acceptable) Ldan Street	FL 33	in Code 330	
the obligat	named entity submits this statement ions of registered agent. Signature, typed or printed name of registered agentuary 1 - May 1. Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25	it and title if applicable.			ered agent, o	r both, in the State of Florida.	DATE	\$5.00 May Be Added to Fees	
Make Check 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dir. ZAMORA, DARLENE 14581 Sheridan St Ft. Eauderdale, FL	DIRECTORS		1		* •			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dir. ZAMORA, GEORGE 14581 Sheridan St Ft. Lauderdale, FL		city-	ET ADORESS ST-ZIP					
NAME STREET ADDRESS CITY-ST-ZIP			CITY-	T ADDRESS ST-ZIP		DO NOT W			
NAME STREET ADDRESS CITY-ST-ZIP						IN THIS SP	ACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				1					
NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby o	certify that the information supplied wi	h this filing does not quali	CITY-	T ADDRESS ST-ZIP	ection 119.07	7(3)(i), Florida Statutes, I furth	er certify tha	at 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 on an attachment with an address, with all other life empowered.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daylime Phone #



July 10, 2005

Division of Corporations Tallahassee, Fl. 32302

Dear Sir or Madam;

Enclosed is our Annual Report and payment of \$150.00. We did not receive a prior notice and did not receive a blank report from your office. We also could not download a form from your website as your card (see enclosed) indicated that we could.

We got a blank form from our accountant. Please send us a blank form next year.

Thank you,

Darlene Zamora