

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P05000042782

1. Entity Name

SHEIK YOBUTI RACING STABLE, INC.



FILED

06 MAR 23 PM 12:25

Principal Place of Business

2699 STERLING ROAD
SUITE B100
FORT LAUDERDALE FL 33312

Mailing Address

2699 STERLING ROAD
SUITE B100
FORT LAUDERDALE FL 33312



2. Principal Place of Business

PO Box 350453
Suite, Apt. #, etc.

3. Mailing Address

PO Box 350453
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale, FL

4. FEI Number

20-2812399

Applied For

Not Applicable

Zip

33335

Country

USA

Zip

33335

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NAVON & LAVIN, P.A.
2699 STERLING ROAD
SUITE B100
FORT LAUDERDALE FL 33312

7. Name and Address of New Registered Agent

Name Edward S. Lipton

Street Address (P.O. Box Number is Not Acceptable)

3305 Corporate Avenue

City Fort Lauderdale FL 33331

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)

3/6/06

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P.A.
NAME Edward Lipton
STREET ADDRESS 3305 Corporate Ave
CITY-ST-ZIP Ft. Lauderdale FL 33331

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☒ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/06 954-764-6650