## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED May 03, 2006 8:00 am Secretary of State 05-03-2006 90246 012 \*\*\*150.00

| DOCUMENT # P05000093406  1. Entity Name CORNERSTONE EQUESTRIAN CENTER INC.                                   |   |   |                        |  |   | 05-03-2006                            | 90246 012 *       | ·**15      | 0.00                        |  |
|--|---|---|------------------------|--|---|---------------------------------------|-------------------|------------|-----------------------------|--|
| Principal Place  | Mailing Address   | HCE-  |                        |  | 7   |                                       |                   |            |                             |  |
| MIAMI, FL 33   | 3030  | MIAMI, FL 33030-<br>3915 TOLE                               | Do:                    | ST<br>21.FL 3313                                   |   | A BI'DI BUNA BANK AANA BENY           | : SEIN ISTE MINE  | H BRIB BII | TE1     111                 |  |
| 2. Principal Place of Business   |   | 3. Mailing Address  |                        |  |   |                                       |                   |            |                             |  |
| Suite, Apt.  | #, etc.   | Suite, Apt. #, etc.   |                        |  | 04262006                                    | Chg-P                                 | CR2E034 (1        | 11/05)     |                             |  |
| City & State   |   | City & State  |                        | - <del></del>                                      | 4. FEI Numbe                                | 3305                                  | 779               | J          | oplied For<br>of Applicable |  |
| Zip  | Country   | Zip   | Cour                   | ntry   | 5. Certificate                              | of Status Desired                     | □ \$8.7           | 75 Add     | ditional                    |  |
|  | 6. Name and Address of Current Registered Agent   |   |                        |  | 7. Name and Address of New Registered Agent |                                       |                   |            |                             |  |
|  |   |   |                        |  | Name  |                                       |                   |            |                             |  |
| LANDA, SAL<br>3915 TOLEDO STREET<br>CORAL GABLES, FL 33134   |   |   |                        | Street Address (P.O. Box Number is Not Acceptable) |   |                                       |                   |            |                             |  |
| CORAL GABLES, PL 33134   |   |   |                        |  |   |                                       |                   |            |                             |  |
|  |   |   |                        | City   |   |                                       | FL   Z            | Zip Cod    | 8                           |  |
| the obligat  | ions of registered agent.  Signature, typed or printed name of registered agent   | and title if applicable. (NO                                | TE: Registere          | ad Agent signature requir                          | red when reinstating)                       |                                       | OATE              |            |                             |  |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  9. Election Campaign Trust Fund Contribu |   |   |                        |  | 5.00 May Be<br>ided to Fees                 |                                       |                   |            | r                           |  |
| 10.  | OFFICERS AND  | DIRECTORS   | 11.                    |  | ADDITIONS/                                  | CHANGES TO OFFI                       | ICERS AND DIR     | ECTOR:     | S IN 11                     |  |
| THTLE  | D<br>LANDA, SAL   | Delete  | TITL                   | t  |   |                                       |                   | Change     | Addition                    |  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | 3915 TOLEDO STREET<br>CORAL GABLES, FL 33134  |   | STR                    | EET ADDRESS<br>(-ST-ZIP                            |   |                                       |                   |            |                             |  |
| TITLE  | D   | ☐ Delete  | TITL                   | E  |   |                                       |                   | Change     | ☐ Addition                  |  |
| NAME<br>STREET ADDRESS   | LANDA, LOURDES<br>3915 TOLEDO STREET  |   | NAA                    | AE<br>EET ADDRESS                                  |   |                                       |                   |            |                             |  |
| CITY-ST-ZIP  | CORAL GABLES, FL 33134  |   |                        | Y-ST-ZIP   |   |                                       |                   |            |                             |  |
| TITLE  |   | ☐ Delete  | TITE                   | , i  | <del></del>                                 | · · · · · · · · · · · · · · · · · · · |                   | Change     | Addition                    |  |
| STREET ADDRESS<br>CITY-ST-ZIP  |   |   | STR                    | EET ADDRESS<br>Y-ST-ZIP                            | `   | `                                     |                   |            |                             |  |
| TITLE  |   | Delete  | TIT                    | E  |   |                                       |                   | Change     | ☐ Addition                  |  |
| NAME<br>STREET ADDRESS   |   |   | NAM                    | ME<br>Leet address                                 |   |                                       |                   |            |                             |  |
| CITY-ST-ZIP  |   |   |                        | Y-ST-ZIP   |   |                                       |                   |            |                             |  |
| TITLE  |   | ☐ Delete  | TIT                    |  |   |                                       |                   | Change     | ☐ Addition                  |  |
| NAME<br>STREET ADDRESS   |   |   | NAM<br>STR             | ME<br>REET ADDRESS                                 |   |                                       |                   |            |                             |  |
| CITY-ST-ZIP  |   |   |                        | Y-ST-ZIP   |   |                                       |                   |            |                             |  |
| TITLE  |   | ☐ Delete  | חוז                    | r <del>E</del>                                     |   |                                       |                   | Change     | ☐ Addition                  |  |
| NAME   |   |   | NA                     | L L  |   |                                       |                   |            |                             |  |
| STREET ADDRESS<br>CITY-ST-ZIP  |   |   |                        | Y-ST-ZIP   |   |                                       |                   |            |                             |  |
| indicated<br>of the co   | certify that the information supplied with on this report or supplemental report in proration or the receiver or trustee emply, or on an allachment with an additional section. | s true and accurate and that<br>owered to execute this repo | my signa<br>rt as requ | ature shall have th                                | e same legal elfed                          | it as if made under o                 | oath; that I am a | n officer  | r or director               |  |