2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000064017

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

CALLAWAY, FL 32404

ANDREWS, TX 79714

ALVIDREZ, VICKI

1620 SE 800 TH

(X) Delete

SD

Entity Name: CIELITO LINDO STABLES, INC

FILED Apr 24, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
628 S BERTHE AVE. CALLAWAY, FL 32404				.320 SINGE OUNGST	ER RD OWN, FL 32466	US
Current Mailing Address:				New Mailing Address:		
628 S BERTHE AVE. CALLAWAY, FL 32404				4320 SINGER RD YOUNGSTOWN, FL 32466 US		
FEI Number:	26-2180460	FEI Number Applied For()	FEI Numb	er Not Appli	cable () Cert	tificate of Status Desired()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
ALVIDREZ, LORENZO 628 S BERTHE AVE. CALLAWAY, FL 32404 US				ALVIDREZ, LORENZO 4320 SINGER RD YOUNGSTOWN, FL 32466 US		
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.						
SIGNATURE:				04/24/2008		
Electronic Signature of Registered Agent				Date		
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P ALVIDREZ, I 628 S BERT CALLAWAY,	HE AVE.	N A	itle: lame: .ddress: city-St-Zip:	P (X) Char ALVIDREZ, LORENZ 4320 SINGER RD YOUNGSTOWN, FL	
Title: Name: Address: City-St-Zip:			N A	itle: lame: .ddress: city-St-Zip:	()Char	nge () Addition
Title: Name: Address:	TD MONTES, G 628 S BERT		N	itle: lame: .ddress:	()Char	nge () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: LORENZO ALVIDREZ P 04/24/2008

() Change () Addition