

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2008 8:00 am**  
**Secretary of State**

03-05-2008 90032 015 \*\*\*158.75

<b>DOCUMENT # P07000119378</b>	
1. Entity Name <b>J ARMANDO RODRIGUEZ STABLE INC.</b>	

Principal Place of Business <b>1500 N. UNIVERSITY DRIVE SUITE 277 CORAL SPRINGS, FL 33071</b>	Mailing Address <b>1500 N. UNIVERSITY DRIVE SUITE 277 CORAL SPRINGS, FL 33071</b>
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2. Principal Place of Business - No P.O. Box # <b>3558 N. University Dr.</b>	3. Mailing Address <b>3558 N. University Dr.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Coral Springs, FL</b>	City & State <b>Coral Springs, FL</b>
Zip <b>33065</b>	Zip <b>33065</b>
Country <b>USA</b>	Country <b>USA</b>



01302008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent <b>CST BUSINESS &amp; FINANCIAL SERVICES 1500 N. UNIVERSITY DRIVE SUITE 275 CORAL SPRINGS, FL 33071</b>	
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4. FEI Number <b>26-1344507</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 restate)

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**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T CST ACCOUNTING &amp; TAX SERVICES 1500 N. UNIVERSITY DRIVE #275 CORAL SPRINGS, FL 33071</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D RODRIGUEZ, JOGLIN A 1500 UNIVERSITY DRIVE #277 CORAL SPRINGS, FL 33071</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/30/08**

Date

Daytime Phone #