

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90109 017 ***168.00

DOCUMENT # P93000086563 1. Entity Name MISTY HORSE, INC.			
Principal Place of Business 200 SOUTH BISCAYNE BLVD. 41 FLOOR MIAMI, FL 33131		Mailing Address 200 SOUTH BISCAYNE BLVD. 41 FLOOR MIAMI, FL 33131	
2. Principal Place of Business 1314 E. Las Olas Blvd		3. Mailing Address Suite 285	
Suite, Apt. #, etc. Suite 285		Suite, Apt. #, etc. Suite 285	
City & State Ft. Lauderdale FL		City & State Ft. Lauderdale FL	
Zip 33301		Country U.S.A.	
4. FEI Number 65-0473202		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATE INTL. REGISTERED AGENTS, INC. 200 SOUTH BISCAYNE BLVD. 41 FLOOR MIAMI, FL 33131		7. Name and Address of New Registered Agent Name MARIA CLARA GARBATI Street Address (P.O. Box Number is Not Acceptable) 1314 E. Las Olas Blvd #285 City Ft. Lauderdale FL Zip Code 33301	
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 Maria Clara Garbati MARIA CLARA GARBATI 4/28/2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 DP LAURIA, JESUS A 200 S. BISCAYNE BLVD., STE #4100 MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP DP Jesus A. Lauria 1314 E. Las Olas Blvd #285 Ft. Lauderdale FL 33301	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP DVPS LESSEUR, GUILLERMO 200 S. BISCAYNE BLVD., STE #4100 MIAMI, FL 33131	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP V.S. Garbati, MARIA CLARA 1314 E. Las Olas Blvd #285 Ft. Lauderdale FL 33301	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP V GARBATI, MARIA CLARA 200 S. BISCAYNE BLVD., STE #4100 MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP D LAURIA ANDREAS 1314 E. Las Olas Blvd #285 Ft. Lauderdale FL 33301	<input type="checkbox"/> Change <input checked="" 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
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 exemption stated in Section 119.07(3)(i), 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: Maria Clara Garbati MARIA CLARA GARBATI 4/28/05 951/6533120 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			