

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 20, 2006 8:00 am**  
**Secretary of State**

06-20-2006 90013 026 \*\*\*550.00

<b>DOCUMENT # P93000086563</b> 1. Entity Name <b>MISTY HORSE, INC.</b>					
Principal Place of Business <b>1314 E LAS OLAS BLVD SUITE 285 FORT LAUDERDALE, FL 33301</b>			Mailing Address <b>200 SOUTH BISCAYNE BLVD. 41 FLOOR MIAMI, FL 33131</b>		
2. Principal Place of Business		3. Mailing Address <b>806 Douglas Road</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>Suite 580</b>			
City & State		City & State <b>Coral Gables FL</b>			
Zip <b>33134</b>	Country <b>U.S.</b>	4. FEI Number <b>65-0473202</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				06062006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent  <b>GARBATI, MARIA CLARA 1314 E LAS OLAS BLVD # 285 FORT LAUDERDALE, FL 33301</b>			7. Name and Address of New Registered Agent Name <b>Registered Agent Corporate Services Inc</b> Street Address (P.O. Box Number is Not Acceptable) <b>806 Douglas Road</b> <b>Suite 580</b> City <b>Coral Gables</b> <b>FL</b> Zip Code <b>33134</b>		
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 <b>Betsy Parenti, Assit. Secretary</b> <span style="float: right;">6/15/06</span> <small>Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LAURIA, JESUS A 1314 E LAS OLAS BLVD, # 285 FORT LAUDERDALE, FL 33301	<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	D ANDREAS, LAURIA 1314 E LAS OLAS BLVD, # 285 FORT LAUDERDALE, FL 33301	<input type="checkbox"/> Delete		TITLE <b>D</b> NAME <b>Andreas Lauria</b> STREET ADDRESS <b>1314 E Las Olas Blvd #285</b> CITY-ST-ZIP <b>Fort Lauderdale FL 33301</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS GARBATI, MARIA CLARA 1314 E LAS OLAS BLVD, # 285 FORT LAUDERDALE, FL 33301	<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	<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	<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	<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:				06/07/2006 <span style="float: right;">954 6533123</span>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	