

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000086563

Entity Name: MISTY HORSE, INC.

FILED
Apr 25, 2008
Secretary of State

Current Principal Place of Business:

1314 E LAS OLAS BLVD
SUITE 285
FORT LAUDERDALE, FL 33301

Current Mailing Address:

806 DOUGLAS ROAD STE 580
CORAL GABLES, FL 33134

New Principal Place of Business:

1314 E LAS OLAS BLVD
SUITE 285
FORT LAUDERDALE, FL 33301 US

New Mailing Address:

355 ALHAMBRA CIRCLE
SUITE 801
CORAL GABLES, FL 33134 US

FEI Number: 65-0473202

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REGISTERED AGENT CORPORATE SERVICES INC
806 DOUGLAS RD
STE 580
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

REGISTERED AGENT CORPORATE SERVICES INC
355 ALHAMBRA CIRCLE
SUITE 801
CORAL GABLES, FL 33134 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: BETSY PARENTI, ASSIST. SECRETARY

04/25/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: LAURIA PULGAR, JESUS A
Address: 1314 E LAS OLAS BLVD, # 285
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: D () Delete
Name: ANDREAS, LAURIA
Address: 1314 E LAS OLAS BLVD STE 285
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: VS (X) Delete
Name: GARBATI, MARIA CLARA
Address: 1314 E LAS OLAS BLVD, # 285
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: D (X) Delete
Name: LAURIA, ANTONIO E
Address: 1314 E LAS OLAS BLVD #285
City-St-Zip: FORT LAUDERDALE, FL 33301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVPS (X) Change () Addition
Name: GARBATI, MARIA C
Address: 1314 E LAS OLAS BLVD, # 285
City-St-Zip: FORT LAUDERDALE, FL 33301 US

Title: DP (X) Change () Addition
Name: LAURIA, ANTONIO E
Address: 1314 E LAS OLAS BLVD STE 285
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: MARIA CLARA GARBATI

P

04/25/2008

Electronic Signature of Signing Officer or Director

Date