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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT F STATE

Sandra B. Morthm

Secretary of Stat
DIVISION OF CORPORTIONS

DOCUMENT # P95000079136 (4)

JUMPY STABLES, INC.

FILED Apr 07 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 3701 COLUMBUS WAY 3701 COLUMBUS WAY COOPER CITY FL 33026 COOPER CITY FL 33026 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/12/1995 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Not Applicable 65-0650453 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. Ì 5. Certificate of Status Desired Fee Required 22 27 \$5.00 May Be City & State City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 8. This corporation owes or has paid the current year Intangible Zip Ζip Country Country Yes Personal Property Tax due June 30. 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent MORALES, LUIS A 81 Name 3701 COLUMBUS WAY Street Address (P.O. Box Number is Not Acceptable) 82 COOPER CITY FL 33026 83 Zip Code 84 City 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with purpose of the option of the corporation of the cor SIGNATURE agent and tille if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Addition Change DELETE 1.1 TO UE TITLE MORALES, LUIS 1.2 NAME NAME 3701 COLUMBUS WAY 1.3 STREET ADDRESS STREET ADDRESS **COOPER CITY FL 33026** 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. I hereby certify that the Information supplied with this fitting does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 receivor or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

4/1/08

(954)430-4080