
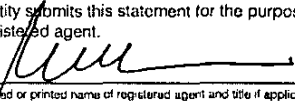
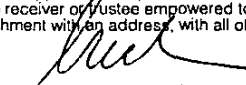


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90279 023 \*\*\*150.00

<b>DOCUMENT # P98000001600</b> 1. Entity Name <b>CENTURION HORSE FARMS, INC.</b>					
Principal Place of Business <b>6860 W HWY 329 REDDICK, FL 32686</b>			Mailing Address <b>25 S.E. 2ND AVENUE STE 900 MIAMI, FL 33131</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>Two Alhambra Plaza Penthouse 1B</b>			
City & State		City & State <b>Coral Gables, FL.</b>		4. FEI Number <b>59-3484821</b>	
Zip <b>33134</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>MURAI, RENE V 25 S.E. 2ND AVENUE MIAMI, FL 33131</b>			7. Name and Address of New Registered Agent Name <b>Murai Wald Biondo Moreno e Brochin, PA</b> Street Address (P.O. Box Number is Not Acceptable) <b>Two Alhambra Plaza, Penthouse 1B</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  DATE <b>4/8/05</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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>PAS ORTIZ, JOSE 25 S.E. 2ND AVE STE 90 MIAMI, FL 33131</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPST MOUTOSS, RACHID 6860 W HWY 329 REDDICK, FL 32686</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS MURAI, RENE V 25 SE 2ND AVE, STE 900 MIAMI, FL 33131</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	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:  <b>Rene V. Murai, AS</b> (305) 444-0101 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					