

DOCUMENT # P98000066220

BLUE HORSE STABLES, INC.

APPROVED
AND
FILED

00 JUN 28 PM 2:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

F.E.I. #65-0857437

1. Principal Place of Business		Mailing Address	
1624 E ATLANTIC BLVD POMPANO BEACH FL 33060		1624 E ATLANTIC BLVD POMPANO BEACH FL 33060	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEE Number	APPLIED FOR	Applied For
		Not Applicable
5. Certificate of Status Desired		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
VERDESI, ALBERTO C/O MARIOTTI 1624 E ATLANTIC BLVD POMPANO BEACH FL 33060		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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.

SIGNATURE _____ DATE _____

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$850.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution.
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME	VERDESI, ALBERTO	NAME	
STREET ADDRESS	1624 E ATLANTIC BLVD	STREET ADDRESS	
CITY-STATE-ZIP	POMPANO BEACH FL 33060	CITY-STATE-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 a 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 11 or Block 12 if changed, or as an attachment with an address, with all other officers and directors.

SIGNATURE: *[Signature]* 4/28/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR