

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90035 035 ***150.00

DOCUMENT # P98000066220

1. Entity Name
BLUE HORSE STABLES, INC.



Principal Place of Business Mailing Address
[Handwritten: 12000 Biscayne Blvd, Suite 507, Miami, FL 33181]

50026565

2. Principal Place of Business
12000 BISCAYNE BLVD
Suite, Apt. #, etc.
SUITE 507
City & State
MIAMI FLORIDA
Zip
33181 Country
U.S.A.

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



03032005 Chg-P CR2E034 (10/03)

4. FEI Number
65-0857437
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
VERDESI, ALBERTO
2544 N. CORAL TRACE CIRCLE
DELRAY BEACH, FL 33445

7. Name and Address of New Registered Agent
Name
UGO V. CHIARATO
Street Address (P.O. Box Number is Not Acceptable)
CERTIFIED PUBLIC ACCOUNTANT
FLORIDA AND NEW YORK STATE
City
12000 BISCAYNE BLVD, SUITE 507
MIAMI, FL 33181 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* **UGO V. CHIARATO** **MARCH 3, 2005**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VERDESI, ALBERTO 5329 SW 33 TERRACE FORT LAUDERDALE, FL 33312	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T/S VERDESI, ALBERTO 12000 BISCAYNE BLVD # 507 MIAMI FL 33181	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: *[Signature]* **VERDESI, ALBERTO** **MARCH 3, 2005** **(305) 899-5099**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT/Treasurer Date Daytime Phone #

ATTACHMENT

#PS 8000066220
50026565-

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
statement of change is submitted for a corporation organized under the laws of the State of _____
_____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: BLUE HORSE STABLES INC.
2. The principal office address: 12000 BISCAYNE BLVD - SUITE 507
MIAMI FL 33181
3. The mailing address (if different): _____
4. Date of incorporation/qualification: JULY 28, 1998 Document number: P 98000066220
5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State:

VERDESI ALBERTO

2544 N CORAL TRACE CIRCLE

DELRAY BEACH, FL 33445

6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed):

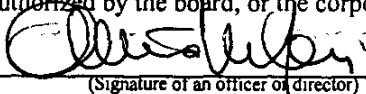
UGO V. CHIARATO

CERTIFIED PUBLIC ACCOUNTANT

FLORIDA AND NEW YORK STATE
(P.O. Box Not Acceptable)
12000 BISCAYNE BLVD., SUITE 507
MIAMI, FL 33181

The street address of its registered office and the street address of the business office of its registered agent,
as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so
authorized by the board, or the corporation has been notified in writing of the change.



(Signature of an officer or director)

PRESIDENT

(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity.
I further agree to comply with the provisions of all statutes relative to the proper and complete performance
of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this
document is being filed merely to reflect a change in the registered office address, I hereby confirm that the
corporation has been notified in writing of this change.



(Signature of Registered Agent)

MARCH 7, 2005

(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

UGO V. CHIARATO
CERTIFIED PUBLIC ACCOUNTANT
FLORIDA AND NEW YORK STATE
12000 BISCAYNE BLVD., SUITE 507
MIAMI, FL 33181