



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000066220 1. Entity Name BLUE HORSE STABLES, INC.		
Principal Place of Business 12000 BISCAYNE BLVD SUITE 507 MIAMI, FL 33181	Mailing Address 12000 BISCAYNE BLVD SUITE #507 MIAMI, FL 33181	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CHIARATO, UGO V CPA FLORIDA & NEW YORK STATE 12000 BISCAYNE BLVD SUITE 507 MIAMI, FL 33181		DO NOT WRITE IN THIS SPACE
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: _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE: _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD VERDESI, ALBERTO 12000 BISCAYNE BLVD #507 MIAMI, FL 33181	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 life empowered.		
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		03/30/2007 <small>Date Daytime Phone #</small>



03292007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0857437	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

U00000684806
04/06/07-80047-014 150.00

**DO NOT WRITE
IN THIS SPACE**