FILE NOW: FILING FEE AFTER MAY 1ST-IS-\$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P98000102300**

1. Corporation Name

LA PALOMA STABLES, INC.

Principal	Place	of B	usiness

Mailing Address

6742 NW 82 TERRACE PARKLAND FL 33067

6742 NW 82 TERRACE PARKLAND FL 33067

FILED Mar 02, 1999 8:00 am Secretary of State

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						I	ncorporated /1998	d or Qualifed			
2 Dringing Di	Principal Place of Business 2a, Mailing Address		4. FEI N					plied For			
= 1 · ············					65-0877467		<u> </u>	ot Applicable			
21	# ata	26	Suite, Apt. #, etc.			<u> </u>	<u> </u>	1 147			Additional —-
Suite, Apt., i					5, Certifo	ate of Stati	us Desired			equired	
City & State			City & State			6. Election	on Campaig	n Financing		\$5.00	May Be
23	28			Trust	Fund Contri	ibution	L	Added	to Fees		
Zip	Count	ry	Zip Country			8. This c	orporation o	owes the cur	rent year li	ntangible	N
24	25	29	30]		Perso	Personal Property Tax.				
	9. Name and Addr	ess of Current Regis	stered Agent			10. Name	and Addr	ess of New	Registere	d Agent	
				81	Name						l
	nnis, Theresa R			00	De la contraction de la contra						
6742 NW 82 TERRACE			82 Street Address (P.O. Box Number is Not Acceptable)								
PARKI	LAND FL 33067			83	83						
				84	City	85 Zip Code					Code
	<u></u>				1				<u> </u>	- , ,	
office or re	egistered agent, or both	n, in the State of Flori	07.1508, Florida Statutes, da. Such change was auth , Section 607.0505, Florida	orized by	the corp	corporation subm oration's board of	its this state directors. I	ement for the hereby acce	purpose o	of changing its pintment as re	registered egistered
SIGNATURE	Signature, typed or printed name	ne of registered agent and title	if applicable (NOTE: Re	gistered Ager	nt signature	required when reinstating)		DATE	_	
12.		OFFICERS AND DIRE		13.		ADDIT	ONS/CHAN	NGES TO OF	FICERS A	ND DIRECTO	OR\$ IN 12
TITLE			1.1 TITLE		PRESID Thereso 6340 No Parkin	ENT		• _	☐ Change	Addition	
NAME				1.2 NAME		Thereso	RI	ncGin	n: 5		
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STREET ADDRESS								-		-	1
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CITY-ST-ZIP				5.4 CITY-S	T-ZIP				-		
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NAME				6.2 NAME							
STREET ADDRESS				6.3 STREE	T ADDRESS	1					1
CITY-ST-ZIP				6.4 CITY-S	T-ZIP						ļ
U1-U1-Lir											

14. 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 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 of the receiver or trustee 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 open attachment with an address, with all other like empowered.

SIGNATURE: