2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008 8:00 am
Secretary of State
02-19-2008 90014 045 ***150.00

DOCUMENT # S30880

1. Entity Name
GUIDA RACING STABLE, INC.

Principal Place of Business	Mailing Address
~~835 PAINTED BUNTING LANE~~	~~835 PAINTED BUNTING LANE~~
~~VERO BEACH, FL 32963 US~~	~~VERO BEACH, FL 32963 US~~

02062008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
173 SAN REMO DR.	173 SAN REMO DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JUPITER FL	City & State: JUPITER FL
Zip: 33458 Country: USA	Zip: 33458 Country: USA

4. FEI Number: 59-3050308 ☐ 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
GUIDA, ROSE M	Name
~~835 PAINTED BUNTING LANE~~	Street Address (P.O. Box Number is Not Acceptable): 173 SAN REMO DR
~~VERO BEACH, FL~~ 32963	City: JUPITER FL Zip Code: 33458

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: Rose M. Guida — 2/15/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 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	D GUIDA, ROSE M ~~835 PAINTED BUNTING LN~~ ~~VERO BEACH, FL 32963~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 173 SAN REMO DR. JUPITER FL 33458
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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 like empowered.

SIGNATURE: Rose M. Guida — 2/15/08 — 561/691-0138
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #