
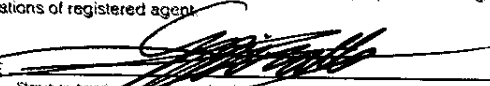
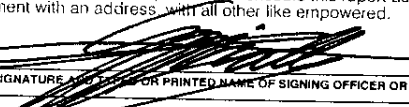


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2004 8:00 am
Secretary of State

01-07-2004 90027 040 ****61.25

DOCUMENT # 737098					
1. Entity Name RACING ASSOCIATION OF MIAMI, INC.					
Principal Place of Business 2720 SW 92nd PL Miami FL 33165		Mailing Address 2720 SW 92nd PL Miami FL 33165			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number NOT APPLICABLE	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent Salvador Miralles 2720 SW 92nd Pl Miami Florida 33165			7. Name and Address of New Registered Agent Name SALVADOR MIRALLES Street Address (P.O. Box Number is Not Acceptable) 2720 SW 92ND PLACE City MIAMI FL Zip Code 33165		
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 			DATE 01/05/04		
Filing Fee is \$61.25 Due by May 1, 2004			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SALVADOR, MIRALLES D.		NAME		
STREET ADDRESS	2720 S. W. 92ND PLACE		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33165		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VILLARREAL, EMILIO		NAME		
STREET ADDRESS	3825 SW 128 AVE		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33175		CITY - ST - ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Manuel Vega Jr		NAME		
STREET ADDRESS	7310 SW 9th Street		STREET ADDRESS		
CITY - ST - ZIP	Miami Florida 33144		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Kenny Carpenter		NAME		
STREET ADDRESS	16100 SW 106th Ave		STREET ADDRESS		
CITY - ST - ZIP	Miami FL 33157		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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 617, 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 			DATE 01/05/04 305-227-6249		
OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		