

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007288

FILED
Apr 26, 2008
Secretary of State

Entity Name: FLORIDA HISTORICAL PERFORMANCE COMPANY, INC.

Current Principal Place of Business:

1825 PONCE DE LEON BLVD #309
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

1825 PONCE DE LEON BLVD #309
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 47-0941543

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SIEBRECHT, KYLE
4290 SW 14TH ST
MIAMI, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DCP () Delete
Name: SIEBRECHT, KYLE
Address: 4290 SW 14TH ST
City-St-Zip: MIAMI, FL 33134

Title: DT () Delete
Name: MOYE, PAULA
Address: 800 W AVE APT 841
City-St-Zip: MIAMI BCH, FL 33139

Title: DS () Delete
Name: SMITH, LYNN
Address: P.O.BOX 490
City-St-Zip: KEY WEST, FL 33041

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KYLE SIEBRECHT

DCP

04/26/2008

Electronic Signature of Signing Officer or Director

Date