


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 13, 2007 8:00 am**  
**Secretary of State**

02-13-2007 90006 042 \*\*\*150.00

<b>DOCUMENT # 318665</b>					
1. Entity Name CALDER RACE COURSE, INC.					
Principal Place of Business 21001 N.W. 27TH AVENUE MIAMI GARDENS, FL 33056			Mailing Address 21001 N.W. 27TH AVENUE MIAMI GARDENS, FL 33056		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1267680	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		FL
Zip Code			Zip Code		
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-stating)					
SIGNATURE		Signature, typed or printed name of registered agent and title if applicable		DATE	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNN, C. KENNETH		NAME		
STREET ADDRESS	P.O. BOX 1808/NA		STREET ADDRESS		
CITY-ST-ZIP	OPA LOCKA, FL		CITY-ST-ZIP		
TITLE	CD	<input checked="" type="checkbox"/> Delete	TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MEEKER, THOMAS		NAME	Evans, Robert	
STREET ADDRESS	21001 N.W. 27TH AVE.		STREET ADDRESS	21001 NW 27th Ave	
CITY-ST-ZIP	MIAMI, FL 330561461		CITY-ST-ZIP	Miami Garden, Fl 33056	
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRONIN, MICHAEL P		NAME		
STREET ADDRESS	21001 N.W. 27TH AVE.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 330561461		CITY-ST-ZIP		
TITLE	VT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABES, MICHAEL D		NAME		
STREET ADDRESS	21001 N.W. 27TH AVE.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 330561461		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REED, REBECCA		NAME		
STREET ADDRESS	21001 N.W. 27TH AVE.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 330561461		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 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: <u>Michael Abes</u> Michael Abes			Date: <u>2/8/07</u>		Daytime Phone #: <u>(305) 625-1311</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #

40015659



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