


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90561 008 ***150.00

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DOCUMENT # 318665					
1. Entity Name CALDER RACE COURSE, INC.					
Principal Place of Business 21001 N.W. 27TH AVENUE MIAMI, FL 33056-1461			Mailing Address 700 CENTRAL AVE. LOUISVILLE, KY 40208		
2. Principal Place of Business		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"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		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 reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 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 type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MEEKER, THOMAS		NAME		
STREET ADDRESS	21001 N.W. 27TH AVE.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 330561461		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SOTH, RANDELL E		NAME		
STREET ADDRESS	21001 N.W. 27TH AVE.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 330561461		CITY-ST-ZIP		
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	VPT	<input type="checkbox"/> Delete	TITLE	V/T	<input checked="" 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		
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 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: X <i>Michael D. Abes</i>		Michael D. Abes		4/14/05 (305) 625-1311 Ext 3220	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	