2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR) 74

of the corporation or the receiver or trustee if changed, or on an attachment wi

SIGNATURE:

FILED Apr 04, 2008 08:00 A Secretary of State **DOCUMENT # 757767** 1. Entity Name SOUTH FLORIDA TROTTING CENTER, INC. Principal Place of Business Mailing Address 7563 STATE ROAD 7 1801 S. FEDERAL HWY SUITE 300 LAKE WORTH FL 33467 **DELRAY BEACH FL 33483** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suito, Apt #, etc. 1st MOORE CR2E037 (10/07) City & State City & State 4. FEI Number Applied For 59-2098051 Not Applicable Zic Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHERRY, ERIC Street Address (P.O. Box Number is Not Acceptable) 1801 S. FEDERAL HWY #300 DELRAY BEACH FL 33483 City 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 adcept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and the Ji applicable CATE (NOTE: Registered Agont signature required when reinstating) TERRITATION CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR eeseesistet e FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2008 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD TITLE TITLE ☐ Delete ☐ Change Addition CHERRY, ERIC NAME NAME U00000882014 1801 S. FEDERAL HWY #300 04/16/08-80024-001 61.25 STREET ADDRESS STREET ADDRESS DELRAY BEACH FL 33483 CITY - ST - ZIP CITY: ST-7:P Delote TITLE Change ■ Addition CHERRY, VERONICA NAME NAME 1801 S. FEDERAL HWY #300 STREET ADDRESS STREET ADDRESS DELRAY BEACH FL 33483 CITY-ST-ZIP CiTY-ST-78 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-Z:P TITLE ☐ Delete Change TITLE nedbbbA 🔲 NAME NAME STREET AUDRESS STREET ACCRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information 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 bwered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11, with all other like empowered. I hereby certify that the information supplied will indicated on this report or supplemental report.

3-31-08

561-454-7409