2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000002041

Entity Name: RACEBROOK, INC

City-St-Zip:

THORNWOOD, NY 10594

FILED Jan 10, 2007 Secretary of State

Entity Na	Me: RACEBR	OOK, INC.				
Current P	rincipal Place	of Business:	New Principal Place of Business:			
	IMBUS AVENU OOD, NY 105					
Current Mailing Address:			New Mailing Address:			
	IMBUS AVENU OOD, NY 105					
FEI Number	: 96-1380740	FEI Number Applied For()	FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and	l Address of C	Current Registered Agent:	Name and	Address of	New Registered Agent:	
515 E. PAI	ECT AGENTS RK AVE. SSEE, FL 323					
	named entity : e of Florida.	submits this statement for the	purpose of changing i	ts registered	I office or registered agent, or both,	
SIGNATUI	RE:					
Electronic Signature of Registered Ago			ent Date			
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PCD () MOYLAN, THO 432 LIGUORI F EDGERTON, W	RD.	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	VD () BUDKE, JON 8077 S. QUINC CENTENNIAL,		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	STD () ORTEGA, JOSI 582 COLUMBU THORNWOOD,	S AVENUE	Title: Name: Address: City-St-Zip:	ORTEGA, JC 582 COLUME	(X) Change()Addition OSE F BUS AVENUE DD, NY 10594	
Title: Name: Address: City-St-Zip:	D () MCILMAIL, ED 475 OAK AVEN CHESHIRE, CT	UE	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address:	D () SABADAELL, J 582 COLUMBU		Title: Name: Address:		() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip:

SIGNATURE: JOSE FELIX ORTEGA ST 01/10/2007