.2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Aug 27, 2004 8:00 am Secretary of State DOCUMENT # F24522 1. Entity Name 08-27-2004 90002 034 ***150.00 POWER PLAY RACE TEAM, INC. Principal Place of Business Mailing Address 2740 NW 29TH TERR. FT LAUDERDALE FL 33311 2740 NW 29TH TERR. 11601016 FT LAUDERDALE FL 33311 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. CR2E034 (4/04) MOORE City & State Applied For City & State 4. FEI Number 65-0412494 Not Applicable 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 Name BEINKE, EDWARD A Street Address (P.O. Box Number is Not Acceptable) 4875 N. FEDERAL HWY. FT. LAUDERDALE FL 33308 City Zip Code FI 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. EDNARD BEINKE SIGNATURE A Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 8, 2004 late fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150.00. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PSD** Change TITLE ☐ Delete TITLE ☐ Addition NAME WEINSTEIN, DANIEL S NAME 386 S.E. 3RD COURT STREET AODRESS STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33060 CITY-ST-ZIP 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-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP TITLE ☐ Delete Change ☐ Addition TITLE 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-ZIP 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 replied by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an observed.

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SIGNATURE: DANIEL S. WEINSTEIN

FILED