

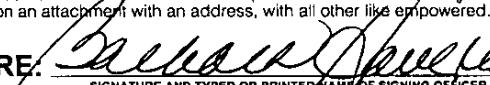


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90091 001 \*1,861.25

<b>DOCUMENT # H69818</b> 1. Entity Name <b>FLAGLER-MARGARITA RACING, INC.</b>					
Principal Place of Business <b>401 NW 38TH CT P. O. BOX 350940 MIAMI, FL 33135</b>			Mailing Address <b>401 NW 38TH CT P. O. BOX 350940 MIAMI, FL 33135</b>		
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 <b>65-0033139</b>	
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  <b>HAVENICK, FRED 401 N.W. 38TH CT. MIAMI, FL 33126, FL</b>			7. Name and Address of New Registered Agent Name <b>HAVENICK, BARBARA</b> Street Address (P.O. Box Number is Not Acceptable) <b>401 NW 38TH COURT</b> City <b>MIAMI</b> <b>FL</b> Zip Code <b>33126</b>		
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  <b>BARBARA HAVENICK</b> <b>4/27/07</b> <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<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 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PED HAVENICK, FRED 401 N.W. 38TH CT. MIAMI, FL 33126	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V HAVENICK, ISADORE 401 NW 38TH COURT MIAMI, FL 33126
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P HAVENICK, BARBARA 401 N.W. 38TH CT. MIAMI, FL 33126	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V HAVENICK, ALEXANDER 401 NW 38TH COURT MIAMI, FL 33126
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HECHT, FLORENCE 401 N.W. 38TH CT. MIAMI, FL 33126	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	E/V SAVIN, SCOTT 401 NW 38TH COURT MIAMI, FL 33126
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S WEEMS, LORI K 401 NW 38TH COURT MIAMI, FL 33126
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/T REITNAUER, LEON P 401 NW 38TH COURT MIAMI, FL 33126
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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  <b>BARBARA HAVENICK</b> <b>4/27/07</b> <b>305-649-3000</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					