2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 03, 2005 8:00 am Secretary of State

DOCUMENT # L68923 1. Entity Name ANGUS RACING INC.					02-03-2005	90027 008 ***15	0.00	
Principal Place of Business Mailing Address 20262 NE 15 COURT 20262 NE 15 COURT NORTH MIAMI BEACH, FL 33179 NORTH MIAMI BEACH,		_	33179	I (TENED EIS	4001138	8		
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01242005	Chg-P	CR2E034 (10/03)		
City & State		City & State		4. FEI Numbe 65-019		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	oplied For of Applicable	
Zip Country		Zip Country .		5. Certificate	5. Certificate of Status Desired \$8.75 Additional Fee Required			
	6. Name and Address of Current	Registered Agent		7. Name and	Address of New F	Registered Agent		
DAVIS, RONALD L 1550 NE MIAMI GARDENS DR.		Name Street Address		SE (P.O. Box Number	P.O. BOX Number is No. Acceptable)			
SUITE 407 N. MJAMI BCH. FL 33179				<u> </u>	· M-	<u> </u>		
	Α		City No.		BRACA.,	FL Zip Coo	3ι79.	
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 Signature, typed or price and of registered agent and take if applicable. (NOTE: Registered Agent signature required when renstating) DATE								
	E NOW!!! FEE IS \$150.00 By 1, 2005 Fee will be \$550.0	9. Election Campaign Trust Fund Contrib	`	\$5.00 May Be Added to Fees			· · · · · · · · · · · · · · · · · · ·	
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/	CHANGES TO OFF	FICERS AND DIRECTOR	S IN 11	
DUTE	P	☐ Delete				Chance		
NAME		C) Descre	TITLE			☐ Change	Addition	
CONCER + DOUGOO	LEE, HARRY	Delete	NAME			L. Glatge	Addition	
STREET ADDRESS CITY-ST-ZIP	LEE, HARRY 10130 SHERIDAN STREET POMBROKE PINES, FL	Descre	I I			<u> — і</u> спатуе	Addition	
	10130 SHERIDAN STREET	□ Delete	NAME STREET ADDRESS			Change	Addition	
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2. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 cath; that I am an officer or director of the corporation or the receiver or trusted 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 apid less, with all other like empowered.

SIGNATURE:

GRATURE AND PURED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

HARRY. E. LEE 2/1/05

(305)651202