


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 07, 2005 8:00 am
Secretary of State

06-07-2005 90002 030 ****61.25

DOCUMENT # N01000001564	
1. Entity Name RACE TRACK CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 458 EAST 26 ST. UNIT #1 HIALEAH FL 33013	Mailing Address 458 EAST 26 ST. UNIT #1 HIALEAH FL 33013
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2. Principal Place of Business Elba Bueno Suite, Apt. #, etc. 458 E 26 ST APT # 5	3. Mailing Address 458 E 26 ST APT # 5 Suite, Apt. #, etc. Hialeah, FL.
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City & State Hialeah, FL.	City & State Hialeah, FL.
Zip 33013	Zip 33013
Country	Country



1st MOORE CR2E037 (10/04)

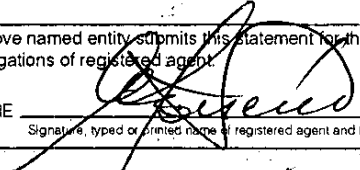
4. FEI Number 65-1084046	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HERNANDEZ, ANTONIO 458 EAST 26 ST. UNIT #1 HIALEAH FL 33013	
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7. Name and Address of New Registered Agent Name Elba Bueno Street Address (P.O. Box Number is Not Acceptable) 458 E 26 ST, APT # 5 City Hialeah, FL Zip Code 33013	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, for both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE **1/6/05**

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HERNANDEZ, ANTONIO 710 SOUTH DIXIE HIGHWAY CORAL GABLES FL 33146 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD REYES, ALBERTO D 710 SOUTH DIXIE HIGHWAY CORAL GABLES FL 33146 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD RODRIGUEZ, RENE 710 SOUTH DIXIE HIGHWAY CORAL GABLES FL 33146 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Elba Bueno 458 E 26 ST # 5 Hialeah FL 33013 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Oscar Berlanga 458 E 26 ST # 16 Hialeah, FL 33013 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 required by Chapter 617, 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:  DATE **6/1/05** Daytime Phone #