2004 NOT-FOR-PROFIT CORPORATION

Aug 26, 2004 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # N03000008875 08-26-2004 90004 049 ****70.00 S.C.H.E. RACING PIGEON CLUB, INC. Principal Place of Business Mailing Address 4493 S.W. 757H AVENUE MIAMI, FL 33455 54070052 4493 S.W. 75TH AVENUE MIAMI, FL 33155 2. Principal Place of Business 3. Mailing Address 2650 5W69 Ave Suite, Apt. #, etc. 07092004 CR2E037 (10/03) City & State City & State Applied For Not Applicable Zip Country \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SIMON, ENRIQUE A Street Address (P.O. Box Number is Not Acceptable) 2650 S.W. 69 AVENUE MIAMI, FL 33155 City Zip Code F 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 printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 **\$5.00** May Be Trust Fund Contribution. Due by September 8, 2004 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD TITLE ☐ Delete SID TITLE Change ☐ Addition SIMON, ENRIQUE A NAME NAME STREET ADDRESS 2650 S.W. 69 AVENUE STREET ADDRESS MIAMI, FL 33155 CITY-ST-ZIP CITY-ST-ZIP SD-T/D **Change** TITI F ☐ Delete TITLE ☐ Addition MULLER, PETER C NAME NAME STREET ADDRESS 1645 S.W. 67TH COURT STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33155 CITY-ST-7IP TD Delete TITLE Addition TITLE □ Change GERMAN CALDERON NAME INDA, RAUL NAME 2920 SW 118 Ave STREET ADDRESS 531 S.W. 73 COURT STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33144 CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ☐ 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-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 required by Chapter 617, Florida Statutes; and that my name appears to Block 10 or Block 11 in the property of the corporation of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears to Block 10 or Block 11 in the property of the prop DRIQUE SIMON

SIGNATURE:

FILED