2006 NOT-FOR-PROFIT CORF RATION ANNUAL REPORT (A.)

SIGNATURE:

Apr 12, 2006 8:00 am Secretary of State DOCUMENT # N93000004931 1. Entity Name 04-12-2006 90088 050 ****61.25 SOUTH FLORIDA RACING PIGEON COMBINE, INC. Principal Place of Business Mailing Address 5351 SW 109TH AVE FORT LAUDERDALE FL 33328 5351 SW 109TH AVE FORT LAUDERDALE FL 33328 Principal Place of Business 951 E 13 ST 951 E 13 ST Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State Applied For HIALEAM 65-0436574 HIALEAH Not Applicable 73010 Country Country \$8.75 Additional 5. Certificate of Status Desired US A Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Reinaldo RODRIGUEZ DEUTSCHLANDER, HARRY Street Address (P.O. Box Number is Not Acceptable) 5351 SW 109TH AVENUE FORT LAUDERDALE FL 33328 Zip Code 33010 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 REINALD ROSPIGUEZ (PRESIDENT SIGNATURE) Signature, typed or printed name of registered opent and title it approache (fr FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. Florida Department of State Due By May 1, 2006 Added to Fees OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE PD Delete . ReINALDO RODRIGUEZ SILVERMAN, JACK NAME NAME 0248 NW-66TH WAY STREET ADDRESS STREET ADDRESS 951 E 13 ST HIALEAH FL, 330/0 PARKLAND:FL 33067 CITY-ST-ZIP CITY-ST-ZIP TD **▼** Delete ☐ Addition THTLE TITLE DEUTSCHLANDER, HARRY NAME NAME 5351 SW 109TH AVE STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33328 CITY-ST-ZIP CITY-ST-ZIP . Change ___ Addition-Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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.

FILED

94-4-06 305-970-6909