

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000024905		
1. Entity Name ASTURIAS USA MOTORSPORT COMPANY		
Principal Place of Business 4234 GREENBRIAR LN. WESTIN, FL 33331	Mailing Address 4234 GREENBRIAR LN. WESTIN, FL 33331	



01182007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-2616338	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MUNOZ, MARIA P P 4234 GREENBRIAR LN WESTON, FL 33331	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		U000000659476 03/16/07-80032-014 150.00 DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MUNOZ MARTINEZ, MARIA EZ P 4234 GREENBRIAR LANE WESTON, FL 33331	
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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: Jana Patricia Munoz **03/06/07** **954-217-1705**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #