2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000057860

1. Entity Name
COMPETITION POWERSPORTS INC.

Principal Place of Business	Mailing Address
3969 JOG ROAD GREENACRES, FL 33467	1041 NW 12TH AVE. FORT LAUDERDALE, FL 33323

DO NOT WRITE IN THIS SPACE

01262005   No Chg-P   CR2E034 (10/03)

4. FEI Number 65-1110773	Applied For
	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SLATTERY, BLAKE
15248 96 LANE N
WEST PALM BEACH, FL 33412

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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 _Blake Slattery_   DATE _1-29-05_

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00 **After May 1, 2005 Fee will be $550.00**	**9.** Election Campaign Financing ☐ Trust Fund Contribution.	**$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	SLATTERY, BLAKE
STREET ADDRESS	15248 96 LANE N
CITY-ST-ZIP	WEST PALM BEACH, FL 33412
TITLE	VP
NAME	ACEVEDO, ROBBIE
STREET ADDRESS	3969 JOG RD.
CITY-ST-ZIP	GREENACRES, FL 33467
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/31/05-80076-006 150.00

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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 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: _Robbie Acevedo_   _1-29-05_   _561-968-2700_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #