


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb.04, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000090176 1. Entity Name MAGGIE STARLET RACING, INC.	
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Principal Place of Business 104 NE 205 TERRACE MIAMI, FL 33179	Mailing Address 104 NE 205 TERRACE MIAMI, FL 33179
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DO NOT WRITE IN THIS SPACE



01212004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1115189	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FARQUHARSON, BARRANETT SR
104 NE 205 TERRACE
MIAMI, FL 33179**

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IN THIS SPACE**

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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FARQUHARSON, BARRANETT SR 104 NE 205 TERRACE MIAMI, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FARQUHARSON, BARRANETT JR 104 NE 205 TERRACE MIAMI, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FARQUHARSON, PAULINE JR 104 NE 205 TERRACE MIAMI, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARCIA-FARQUHARSON, MARICA 104 NE 205 TERRACE MIAMI, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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02/06/04-80045-020 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Pauline Farquharson* **1/28/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #