## **2003 FOR PROFIT CORPORATION**

4/14

## **FILED** Apr 29, 2003 8:00 am Secretary of State

DOCUMENT # P0200005108  1. Entity Name 1. S. MOTORSPORTS, INC.								04-14-2003 9	90889 001	***300.00	
Principal Place of Business Mailing Address 140/3 SW 142ND STREET 14043 SW 142ND S MIAMI FL 33186 MIAMI FL 33186											
2. Principal F	Place of Busi	J. Mai	3. Mailing Address			7	-				
Suite, Apt. #, etc.			Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES			
City & State			City & State					FEI Number 03 - 038 ( 93)		Applied For Not Applicable	
Zip		Country	Zip		Cou			Certificate of Status Desired	\$8.75 Fee:Req	Additional ulred	
	6, Name	and Address of Current	Registere	d Agent			7. 1	Name and Address of New Registe	red Agent	r.,	]
					· · ·	Name		که در شر <del>مینگیسی</del> د. و ام <del>ریکانه</del> توب	· — '		-
MCCLURE, KEITH R 16503 SW 103 TERRACE						Street Address (P.O. Box Number is Not Acceptable)					
MIAMI FL	33196			• .							
		•				City			FL Zip C	ode	
B. The above the obliga	named entit tions of regis	ty submits this statement fo tered agent.	r the purp	ose of changing its	register	red office or regi	stered ag	ent, or both, in the State of Florida. I	am familiar w	th, and accept	
SIGNATURE	Signature, typed	d or printed name of registered agent	and title if ann	Seeble MOTE		ed Agent signature req		<u> </u>	NTE	<del></del>	
				actine. (ac.)	:: Megistere	on whose salurance soci	CHARC MARKING	iinstating) D/	NE		ļ
	<del></del>	<del></del>		itcatus. (1401)	:: Hegisteri	en våeut sålæmte ten	OHEO WHENTE	instating) 04	<u> </u>		
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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 path; 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 REQUIRED SIGNATURE: 🛣

Daytime Phone #