


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90080 036 ***150.00

DOCUMENT # P02000011849		
1. Entity Name MBD SPORTSCAR TEAM, INC.		

Principal Place of Business C/O M.A. MARTIN & ASSOCIATES, P.A. PA 848 BRICKELL AVENUE, SUITE 830 MIAMI, FL 33131	Mailing Address <u>Renee Adwar</u> C/O M.A. MARTIN & ASSOCIATES, P.A. P.A. 848 BRICKELL AVENUE, SUITE 830 MIAMI, FL 33131
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40024901



2. Principal Place of Business - No P.O. Box # 848 Brickell Avenue		3. Mailing Address c/o Renee Adwar	
Suite, Apt. #, etc. Suite 830		Suite, Apt. #, etc. 848 Brickell Ave, Suite 830	
City & State Miami, FL		City & State Miami, FL	
Zip 33131	Country USA	Zip 33131	Country USA

02082007 Chg-P CR2E034 (12/06)

4. FEI Number 76-0722678	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ADWAR, RENEE ESQ 848 BRICKELL AVENUE, SUITE 830 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AREVALO, LUIS 888 BRICKELL AVENUE 5TH FLOOR MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>L. Arevalo</u>	<u>Luis Arevalo 2/21/07 (305)374-4422</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #