


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 13, 2005 8:00 am**  
**Secretary of State**

06-14-2005 90001 029 \*\*\*150.00

<b>DOCUMENT # P02000027071</b>	
1. Entity Name <b>GIAFFONE RACING, INC.</b>	

Principal Place of Business <b>11120 N. KENDALL DRIVE SUITE 200 MIAMI, FL 33176 US</b>	Mailing Address <b>11120 N. KENDALL DRIVE SUITE 200 MIAMI, FL 33176 US</b>
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**66024593**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

06302005 Chg-P CR2E034 (10/03)

4. FEI Number <b>03-0395953</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent <b>GOLDMAN, BRUCE J 2701 LE JEUNE RD, STE 404 CORAL GABLES, FL 33134</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code

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 reissuing) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GIAFFONE, FELIPE 12515 N KENDALL DR, STE 324 MIAMI, FL 33186</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>GIAFFONE, FELIPE RUA DR. TOMAS SEPE 677 COTIA-SAO PAULO - BRASIL CEP 06711 270</b> <input checked="" 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
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 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:** *FELIPE GIAFFONE* **7/6/05**

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

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

6/14/2005-90001-029-\$150.00-\$150.00

ATTACHMENT

<b>DOCUMENT # P02000027071</b> 1. Entity Name GIAFFONE RACING, INC.			
Principal Place of Business 11120 N. KENDALL DRIVE SUITE 200 MIAMI, FL 33176 US		Mailing Address 11120 N. KENDALL DRIVE SUITE 200 MIAMI, FL 33176 US	
2. Principal Place of Business 2530 LAKE DEBRA DRIVE Suite, Apt. #, etc. BLDG 19, #103 City & State ORLANDO, FL 32835		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
4. FEI Number 03-0395953		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		01142005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent  GOLDMAN, BRUCE J 2701 LE JEUNE RD, STE 404 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIAFFONE, FELIPE 12515 N KENDALL DR, STE 324 MIAMI, FL 33186	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIAFFONE, FELIPE 2530 LAKE DEBRA DRIVE, BLDG 19, #103 ORLANDO, FL 32835
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 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: <i>X</i> <u>FELIPE GIAFFONE</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>5-20-05</u> (5511)71514800 <small>Date Daytime Phone #</small>	

# ATTACHMENT

## CHEPENIK, PUENTE & STEIN

CERTIFIED PUBLIC ACCOUNTANTS  
A PARTNERSHIP OF PROFESSIONAL ASSOCIATIONS

KENDALL OAKS PROFESSIONAL CENTER  
11120 N. KENDALL DRIVE, SUITE 200  
MIAMI, FLORIDA 33176

TEL: (305) 273-8008  
FAX: (305) 273-1008

STEPHEN R. CHEPENIK, CPA, CFP  
JIM PUENTE, CPA, CFP  
MICHAEL E. STEIN, CPA

MEMBER  
FLORIDA INSTITUTE OF  
CERTIFIED PUBLIC ACCOUNTANTS

INSTITUTE OF CERTIFIED  
FINANCIAL PLANNERS

July 7, 2005

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Ref: P02000027071  
Giaffone Racing, Inc.

Dear Sir/Madam:

We are writing this letter on behalf of our client referenced above in response to the enclosed notice.

Please be advised that the taxpayer did not receive a notice for filing the 2005 Annual Report due to the fact that he moved to Brazil.

Upon realizing that the Report had not been filed, we immediately downloaded the form from the website and mailed to the client for signature and payment. Unfortunately the form did not make the May 1<sup>st</sup> deadline. We have enclosed a revised form with the officers' new information for your records.

We are respectfully requesting that the penalties be abated due to the reasons given above.

Thanking you in advance for your consideration.

Sincerely,

  
JIM PUENTE, CPA, CFP