2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF

Apr 03, 2006 8:00 am Secretary of State **DOCUMENT # P02000060213** 04-03-2006 90398 044 ***150.00 1. Entity Name PR RACING, INC. Principal Place of Business Mailing Address P.O. BOX 56-1081 50007981 8858 - B SW 129 TERRACE MIAMI, FL 33176 MIAMI, FL 33256 2. Principal Place of Business 3. Mailing Address 8879 SW 1315t Suite, Apt. #, etc. Suite, Apt. #, etc. 03302006 CR2E034 (11/05) Chg-P City & State City & State 4. FEI Number Applied For MIMI 71-0889053 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent POZO, ROBERT E 16935 SW 84 CT Street Address (P.O. Box Number is Not Acceptable) MIAMI, FL 33157 City Zip Code FL 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) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TITLE ☐ Delete TITLE ☐ Change ■ Addition POZO, ROBERT E JR NAME NAME 16935 SW 84 CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33157 VTD TITLE Addition TITLE Delete RUZ, FRAUSOJ. 8874 SU 131 St RUIZ, FRANCISCO J NAME NAME STREET ADDRESS 8858 - B SW 129 TERRACE STREET ADDRESS CITY-ST-7IP MIAMI, FL 33176 CITY-ST-ZIP Mign. PL 33176 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME POZO, MARIA G NAME STREET ADDRESS STREET ADDRESS 16935 SW 84 CT CITY-ST-ZIP CITY-ST-ZIF MIAMI, FL 33157 ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

FILED