

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT****FILED****Mar 02, 2006 08:00 AM  
Secretary of State****DOCUMENT # P02000130565**1. Entity Name  
**CORNEJO RACING, INC.**Principal Place of Business  
**2699 S BAYSHORE DR  
5TH FLOOR  
MIAMI, FL 33133**Mailing Address  
**2699 S BAYSHORE DR  
5TH FLOOR  
MIAMI, FL 33133**

01202006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**06-1666189**Applied For  
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required****DO NOT WRITE IN THIS SPACE****6. Name and Address of Current Registered Agent****DEVINE GOODMAN PALLOT & WELLS, P.A.  
777 BRICKELL AVE  
SUITE 850  
MIAMI, FL 33131****DO NOT WRITE  
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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to FeesUN00000453638  
03/14/06-80026-025 150.00**10. OFFICERS AND DIRECTORS**TITLE **D**  
NAME **GARCIA-CORNEJO, HECTOR**  
STREET ADDRESS **PICACHO NO 127 COL JARDINES DEL PEDREGAL**  
CITY-ST-ZIP **MEXICO,**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**DO NOT WRITE  
IN THIS SPACE****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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2/27/2006**