

FROM : ALL FL BOOKKEEPING JTD CPA

FAX NO. : 3524891572

Apr. 06 2007 06:05PM P3

FILED**May 02, 2007 08:00 A**
Secretary of State**2007 FOR PROFIT CORPORATION
ANNUAL REPORT****DOCUMENT # P03000071753**

1. Entity Name

AUGGIE'S HORSE RACING ADVENTURES, INC.

Principal Place of Business

**2575 EAGLE RUN LANE
WESTON, FL 33327-1527**

Mailing Address

**2575 EAGLE RUN LANE
WESTON, FL 33327-1527**

04052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE4. FEI Number
35-2209186

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HALPERIN, SCOTT B
2575 EAGLE RUN LANE
WESTON, FL 33327-1527****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 resigning)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****U000000754214
05/22/07-80053-001 150.00****10. OFFICERS AND DIRECTORS**

TITLE	DPST
NAME	HALPERIN, SCOTT B
STREET ADDRESS	2575 EAGLE RUN LANE
CITY-ST-ZIP	WESTON, FL 333271527

TITLE	
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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:**Scott B. Halperin**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

let B Halperin 4/30/07