2005 FOR PROFIT CORPORATION ANNUAL REPORT

May 03, 2005 8:00 am Secretary of State **DOCUMENT # P03000076082** 05-03-2005 90174 039 ***150 00 J.M.& R. MOTORSPORTS, INC. Principal Place of Business Mailing Address 1001 BRICKELL BAY DR. 1001 BRICKELL BAY DR. **SUITE 1704 SUITE 1704** MIAMI, FL 33131 US MIAMI, FL 33131 US 2. Principal Place of Business 3. Mailing Address Country Club Dr. 5TH AUC 18913 NE Suite, Apt. #, etc. Suite, Apt. #, etc. 01052005 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For FL IM<u>ain .u</u> AVENTURA 13-4257298 Not Applicable Country USA Zip 33180 Country \$8.75 Additional 5. Certificate of Status Desired U.S. A. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CABALLERO, MARCELA PRES Street Address (P.O. Box Number is Not Acceptable) 1001 BRICKELL BAY DR. **SUITE 1704** MIAMI, FL 33131 City Zip Code 8. The above named sopmite 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 SIGNATURE (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change CABALLERO MARCELA CABALLERO, MARCELA NAME NAME 19486 E. COUNTRY CLUB Dr 1001 BRICKELL BAY DR. # 1704 STREET ADDRESS STREET ADDRESS 33180 CITY-ST-ZIP MIAMI, FL 33131 CITY-ST-ZIP AUENTURA, TITLE TITE F Delete ☐ Change ■ Addition NAME GOMEZ, JAMIE E NAME STREET ADDRESS 19486 E. COUNTRY CLUB DRIVE STREET ADDRESS CITY-ST-ZIP AVENTURA, FL 33180 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TOTLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete mle Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 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 charged, or on an attantient with an address, with all pure like grapowered. 26/05 PRENOW 325-374-6033 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED