

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jun 09, 2004 8:00 am
Secretary of State

05-05-2004 90210 037 ***150.00

DOCUMENT # P03000093955 1. Entity Name V.I.P. KART RACING CORPORATION			
Principal Place of Business 3990 NORTHWEST 132ND STREET BAY K OPA LOCKA, FL 33054		Mailing Address 3990 NORTHWEST 132ND STREET BAY K OPA LOCKA, FL 33054	
2. Principal Place of Business 3990 NW 132nd Street Opa Locka, FL Suite, Apt. #, etc. UNIT K City & State OPA LOCKA FL Zip 33054		3. Mailing Address 3990 NW 132 Street Suite, Apt. #, etc. UNIT K City & State OPA LOCKA FL Zip 33054	
4. FEI Number 54-2122898		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		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	DPST VILLALOBAS, MANUEL E 3990 NORTHWEST 132ND STREET BAY K OPA LOCKA, FL 33054 <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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date _____ Daytime Phone # _____	