

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000093955

1. Entity Name

V.I.P. KART RACING CORPORATION



FILED

05 APR 26 PM 2: 26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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



04052005

No Chg-P

CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

54-2122898

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$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

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

00054016394  
05/06/05--01072--003 \*\*150.00

10. OFFICERS AND DIRECTORS

TITLE	DPST
NAME	VILLALOBAS, MANUEL E
STREET ADDRESS	3990 NORTHWEST 132ND STREET BAY K
CITY-ST-ZIP	OPA LOCKA, FL 33054
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

*Handwritten signature/initials*

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-05

Date

954-7097644

Daytime Phone #