

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2007 8:00 am
Secretary of State

01-22-2007 90078 046 ***150.00

DOCUMENT # P03000123701

1. Entity Name
THE RACE CLUB, INC.



Principal Place of Business
**2815 REGATTA AVENUE
MIAMI BEACH, FL 33140 US**

Mailing Address
**2815 REGATTA AVENUE
MIAMI BEACH, FL 33140 US**

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
151 KAHIKI DRIVE

Suite, Apt. #, etc.

City & State
TAVERNIER FL

Zip
33070

Country
MONROE



01172007 Chg-P CR2E034 (12/06)

4. FEI Number
68-0573317

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301**

7. Name and Address of New Registered Agent

Name
FL

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

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, 2007 Fee will be \$850.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
PRESIDENT

NAME
HALL, GARY JR

STREET ADDRESS
2815 REGATTA AVENUE

CITY-ST-ZIP
MIAMI BEACH, FL 33140

PRESIDENT

TITLE
☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
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STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

TITLE
☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
VICE PRESIDENT

NAME
GARY HALL SR

STREET ADDRESS
151 KAHIKI DRIVE

CITY-ST-ZIP
TAVERNIER, FL 33070

VICEPRESIDENT

TITLE
☐ Change ☒ Add

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
☐ Change ☐ Add

NAME

STREET ADDRESS

CITY-ST-ZIP

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NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
☐ Change ☐ Add

NAME

STREET ADDRESS

CITY-ST-ZIP

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.

SIGNATURE: **GARY HALL SR**
Gary Hall Jr.

1/18/07
DATE

305.852-3588
DAYTIME PHONE