## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 24, 2005 8:00 am Secretary of State 01-24-2005 90052 049 \*\*\*158.75

Mailing Address   Mailing Address   Mailing Address   Sept Oil Do UTLER RD   CORAL GABLES, FL 33015   S0005702	DOCUMENT # P0400005  1. Entity Name TWO AMIGOS RACING, INC.	2427		01-24-2005 90052 049 ****158./5	
CORAL GABLES, FL 33015  CORAL GABLES, FL 33015  CORAL GABLES, FL 33015  2. Principal Place of Business 7. 300 Componitor Center D. Suite, Suite, English Suite, Sui	· ·	•			
Solies And Les Control Table (Earlier D. 7300 Bronals Center D. 1062005 Chg.P CR2E34 (10/03)  Solies And Les Control Table (10 & Suite 70 # 10 1062005 Chg.P CR2E34 (10/03)  City Suite Control Table (10 & Suite 70 # 10 1062005 Chg.P CR2E34 (10/03)  City Suite Control Table (10 & Suite 70 # 10 1062005 Chg.P CR2E34 (10/03)  City Suite Control Table (10 & Suite 70 # 10 1062005 Chg.P CR2E34 (10/03)  Applicable For Not Applicable (10 & Suite 70 # 10 1062005 Chg.P CR2E34 (10/03)  Zip Country A	**	2 2 1 2	,	50005702	
City 2 just 2 ju	2. Principal Place of Business to Center Do 3. Mailing Address 7300 Corporate Center Do 7300 Corporate Center Do				
Support   Supp	Suite 704 Suite 704			<u> </u>	
S. Name and Address of Current Registered Agent   Name   Aut   Gerard   Houtet	GIAMI, Me GIAMI, 1-10010			4. FEI Number Applied For Not Applied For Not Applied For	
MOUTTET, PAUL 9540 OLD CUTLER RD CORAL GABLES, FL (\$3015)  8. The above named entity subtrief fire later feature in the obligations of expitates of general general fire later from a transfer from a transfer fire later from a transfer fire later from a transfer from a transfer fire later from a transfer fire later from a transfer from a	33156 OSA		Intry 5 A	5. Certificate of Status Desired Fee Required	
Steet Address (P.O. Box Number is Not Acceptable)  9440 OLD CUTLER RD CORAL GABLES, FL (3015)  9740 Old Cutter Rd City Coral Gables FL Zip Code City Code Ci	6. Name and Address of Curre	nt Registered Agent	Name D a		
8. The above named entity subtries this statement of the phroose of changing its registered office or registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registering agent.  SIGNATURE  SUMMAY, sprint or precent many of inspirate agent and the phroose of changing its registered office or registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registering agent and the phroose of changing its registered office or registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registering agent and the phroose of changing its registered office or registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registering agent, or both, in the State of Florida. 1 am familiar with, and accept the obligation of registering agent, or both, in the State of Florida. 1 am familiar with, and accept the obligation of registering agent, or both, in the State of Florida. 1 am familiar with, and accept the obligation of registering agent, or both, in the State of Florida. 1 am familiar with, and accept the obligation of registering agent, or both, in the State of Florida. 1 am familiar with, and accept the obligation of registering agent, or both, in the State of Florida. 1 am familiar with, and accept the obligation of registering agent, or both, in the State of Florida. 1 am familiar with, and accept the boligation of registering agent, or both, in the State of Florida. 1 am familiar with, and accept the phroose of changing from the manufacture agent agent and registered agent, or both, in the State of Florida. 1 am familiar with, and accept the phroose of the	9540 OLD CUTLER RD Street Addre				
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FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  10. OFFICERS AND DIRECTORS	8. The above named entity submits this statement to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept				
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12. I hereby certify that the information supplied with this filling 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 suppliemental 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 trusted impowered 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: 1/19/05 305-887-06/2	SIGNATURE: SIGNATURE AND TYPE	ED OFFICER OR D	HRECTOR	1/19/05 305-887-06/2	