

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90052 049 ***158.75

DOCUMENT # P04000052427

1. Entity Name
TWO AMIGOS RACING, INC.



Principal Place of Business
9540 OLD CUTLER RD
CORAL GABLES, FL 33015

Mailing Address
9540 OLD CUTLER RD
CORAL GABLES, FL 33015

50005702

2. Principal Place of Business
7300 Corporate Center Dr

3. Mailing Address
7300 Corporate Center Dr



01062005 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.
Suite 704

Suite, Apt. #, etc.
Suite 704

4. FEI Number
-20-0746517

Applied For
Not Applicable

City & State
Miami, Fl

City & State
Miami, Florida

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

Zip
33156

Country
USA

Zip
33156

Country
USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOUTTET, PAUL
9540 OLD CUTLER RD
CORAL GABLES, FL 33015

Name
Paul Gerard Mouttet

Street Address (P.O. Box Number is Not Acceptable)

9540 Old Cutler Rd.

City
Coral Gables

FL

Zip Code
33156

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]

(NOTE: Registered Agent signature required when reappointing)

DATE
1/19/05

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Paul Gerard Mouttet 9540 Old Cutler Rd. Coral Gables, Fl. 33156	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Paul A. Hoo 11661 SW 152 CT MIAMI, FL. 33196	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/05 305-887-0612
Date Daytime Phone