

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90170 024 ***150.00

DOCUMENT # P04000090245

1. Entity Name

SYNDICATE ONE RACING, INC.



Principal Place of Business

5401 COLLINS AVE #1215
MIAMI BEACH FL 33140

Mailing Address

5401 COLLINS AVE #1215
MIAMI BEACH FL 33140

2. Principal Place of Business

7741 NW 7th St
Suite, Apt. #, etc.
217

3. Mailing Address

SAME

City & State
MIAMI, FL

City & State

4. FEI Number

134282080

Applied For
Not Applicable

Zip

33126

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TRAIANO, ROBERT R

5401 COLLINS AVE #1215
MIAMI BEACH FL 33140

Name

SAME

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

7741 NW 7th St #217

City

MIAMI

FL

Zip Code

33126

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

4-30-05

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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
P
TRAIANO, ROBERT R
5401 COLLINS AVE #1215
MIAMI BEACH FL 33140 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Robert R. TRAIANO
7741 NW 7th St. #217
MIAMI, FL 33126 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

Robert TRAIANO

4-12-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #