

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000149983

FILED
Apr 28, 2006
Secretary of State

Entity Name: EAST COAST CYCLES MOTORSPORTS, INC.

Current Principal Place of Business:

8242 W STATE ROAD 84
DAVIE, FL 33324

New Principal Place of Business:

Current Mailing Address:

8242 W STATE ROAD 84
DAVIE, FL 33324

New Mailing Address:

FEI Number: 20-3772976

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MENDOZA, WINSTON
8242 W STATE ROAD 84
DAVIE, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ALSINA, ANDRES
Address: 8242 W STATE ROAD 84
City-St-Zip: DAVIE, FL 33324

Title: V () Delete
Name: MENDOZA, WINSTON
Address: 8242 W STATE ROAD 84
City-St-Zip: DAVIE, FL 33324

Title: S () Delete
Name: MENDOZA, RENEE
Address: 8242 W STATE ROAD 84
City-St-Zip: DAVIE, FL 33324

Title: T () Delete
Name: ALSINA, REGINA
Address: 8242 W STATE ROAD 84
City-St-Zip: DAVIE, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDRES ALSINA

P

04/28/2006

Electronic Signature of Signing Officer or Director

Date