2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 09, 2007
Secretary of State

DOCUMENT# P05000149983

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: WINSTON MENDOZA

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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 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 PRES 10/09/2007

Electronic Signature of Signing Officer or Director Date