2008 FOR PROFIT CORPORATION

Jan 22, 2008 08:00 A Secretary of State **ANNUAL REPORT** DOCUMENT # P06000006884 1. Entity Name RICO SPORT CENTER MUSEUM, INC. Principal Place of Business Mailing Address 13234 SW 131 ST. 13234 SW 131 ST. MIAMI, FL 33186 MIAMI, FL 33186 CR2E034 (11/05) 01172008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-4131421 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RICO, OSCAR DO NOT WRITE 13234 SW 131 ST. MIAMI, FL 33186 IN THIS SPACE 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 little if applicable (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PTS TITLE NAME RICO, OSCAR 13234 SW 131 ST. STREET ADDRESS U00000790740 CITY-ST-ZIP MIAMI, FL 33186 01/23/08-80047-005 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED