2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 09, 2007 8:00 am Secretary of State

DOCUMENT # P06000008889 1. Entity Name DARIUS POITIER MOTORSPORTS INC.					04-09-2007	90079 01	8 ***158	3.75
Principal Place	n of Business	Mailing Address		=	4110030-			
Principal Place of Business 816 NE 52ND STREET POMPANO BEACH, FL 33064		816 NE 52ND STREET POMPANO BEACH, FL 33064						
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03262007	Chg-P	CR2E03	4 (12/06)	
City & State		City & State		4. FEI Number 5	5-09.12	671.	<u> </u>	plied For t Applicable
Zip	Country	Zip	Country		of Status Desired	77 \$	8.75 Addi	
	6. Name and Address of Current	Registered Agent	Name	7. Name and	Address of New R	egistered A	gent	•
POITIER, DARIUS								
816 NE 52ND STREET POMPANO BEACH, FL 33064			Street Addre	ess (P.O. Box Numb	er is Not Acceptable	9)		
	,							
	-		City	***		FL	Zip Code)
8. The above the obligati	named entity submits this statement for ions of registered agent.	or the purpose of changing its r	egistered office or reg	gistered agent, or bo	th, in the State of Flo	orida. I am fa	miliar with,	and accept
SIGNATURE_								
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signature re	equired when reinstating)		DATE		
			an Financino	\$5.00 · · ·			***	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.	9. Election Campaig Trust Fund Contri		\$5.00 May Be Added to Fees	li .			
		OO Trust Fund Contri		Added to Fees	CHANGES TO OFF	ICERS AND	DIRECTORS	i IN 11
After Ma	ay 1, 2007 Fee will be \$550. OFFICERS AND	OO Trust Fund Contri	11.	Added to Fees	CHANGES TO OFF		DIRECTORS	S IN 11
After Ma	ay 1, 2007 Fee will be \$550. OFFICERS AND	OO Trust Fund Contri DIRECTORS	11. ITILE NAME	Added to Fees	CHANGES TO OFF			
After Ma 10. IIILE NAME	OFFICERS AND P POITIER, DARIUS	OO Trust Fund Contri DIRECTORS	11.	Added to Fees	CHANGES TO OFF			
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12. I hereby certify that the information supplied with this filing does not quality 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.

CITY-ST-ZIP

CITY-ST-ZIP

Poitier 213-5721 SIGNATURE: aws Darius SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #