


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90056 045 ***150.00

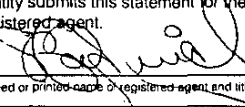
DOCUMENT # P07000101169	
1. Entity Name RACING DESIGN & REMODELING CORP	

Principal Place of Business 1035 94TH STREET SUITE 6 BAY HARBOR ISLAND, FL 33154	Mailing Address 1035 94TH STREET SUITE 6 BAY HARBOR ISLAND, FL 33154
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2. Principal Place of Business - No P.O. Box # 20531 NE 6 CT	3. Mailing Address 20531 NE 6 CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.

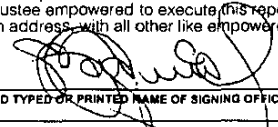
City & State NORTH MIAMI BEACH FL	City & State NORTH MIAMI BEACH FL
Zip 33179	Country USA
Zip 33179	Country USA

6. Name and Address of Current Registered Agent MAGUID, SERGIO 1035 94TH STREET SUITE 6 BAY HARBOR ISLAND, FL 33154	
7. Name and Address of New Registered Agent Name MAGUID SERGIO Street Address (P.O. Box Number is Not Acceptable) 20531 NE 6 CT City NORTH MIAMI BEACH FL Zip Code 33179	

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 	DATE 3/19/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MAGUID, SERGIO		NAME MAGUID SERGIO	
STREET ADDRESS 1035 94TH STREET SUITE 6		STREET ADDRESS 20531 NE 6 CT	
CITY-ST-ZIP BAY HARBOR ISLAND, FL 33154		CITY-ST-ZIP NORTH MIAMI BEACH FL 33179	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby 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: 	DATE 3/19/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	