

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000081575

1. Entity Name
RAIL EVENTS, INC.



Principal Place of Business
1390 SOUTH DIXIE HIGHWAY
CORAL GABLES, FL 33146 US

Mailing Address
1390 SOUTH DIXIE HIGHWAY
CORAL GABLES, FL 33146 US



04302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0480292 Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OLLE, DENNIS J ESQ
2601 SOUTH BAYSHORE DR
SUITE 1600
MIAMI, FL 33133

**DO NOT WRITE
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 _____ DATE _____
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, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DCEO
NAME HARPER, ALLEN C
STREET ADDRESS 1390 SOUTH DIXIE HIGHWAY
CITY - ST - ZIP CORAL GABLES, FL 33146

TITLE VPSD
NAME HARPER, CAROL E.
STREET ADDRESS 1390 SOUTH DIXIE HIGHWAY
CITY - ST - ZIP CORAL GABLES, FL 33146

TITLE DP
NAME JACKSON, JEFFREY
STREET ADDRESS 1390 SOUTH DIXIE HIGHWAY
CITY - ST - ZIP CORAL GABLES, FL 33146

TITLE T V P
NAME MURPHY, LORETTA A CFO
STREET ADDRESS 1390 SOUTH DIXIE HIGHWAY
CITY - ST - ZIP CORAL GABLES, FL 33146

TITLE VP
NAME SCHRANCK, PAUL
STREET ADDRESS 479 MAIN H DIXIE HIGHWAY
CITY - ST - ZIP DURANGO, CO 33146

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U00000151397
05/04/04-80042-017 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Loretta Murphy, Loretta A. Murphy, Treas. 4-30-04 305-667-0990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #