


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90073 038 ***150.00

DOCUMENT # P96000012473 1. Entity Name CENTRAL FLORIDA MOTORSPORTS, INC.	
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Principal Place of Business 130 BOMAR COURT SUITE 200 LONGWOOD, FL 32750	Mailing Address 130 BOMAR COURT SUITE 200 LONGWOOD, FL 32750
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent NAVARRO, HECTOR 2363 WESTMINSTER TERRACE OVIEDO, FL 32765	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
* Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NAVARRO, HECTOR R 2363 W MINSTER TERRACE OVIEDO, FL 32765
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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: Hector Navarro **4/28/07** **407-339-9211**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #