2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 29, 2005 8:00 am Secretary of State **DOCUMENT # P97000005844** 04-29-2005 90187 039 ***150.00 1. Entity Name RACINE HOLDINGS, INC. Principal Place of Business Mailing Address 1441 BRICKELL AVENUE 1441 BRICKELL AVENUE STE 1014 STE 1014 MIAMI, FL 33131 MIAMI, FL 33131 2. Principal Place of Business 1441 BRICKELL AVE 3. Mailing Address 1441 BRICKELL AVE Suite, Apt. #, etc. Suite, Apt. #, etc. 01252005 Chg-P CR2E034 (10/03) 1400 1400 City & State MIAMI, FL City & State MIAMI, FL 4. FEI Number Applied For 65-0826799 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired USA 33131 USA 33131 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROBERT ALLEN LAW ROBERT ALLEN LAW Street Address (9.9. Ban Number is Not Acceptable) 1441 BRICKELL AVE STE 1014 MIAMI, FL 33131 **SUITE 1400** City ^{Zip C}333131 MIAMI 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PSD** Thelete TITLE TITLE Change ☐ Addition NAME LARES, E M NAME Brickell Avenue Ste 1400 1441 BRICKELL AVE STE 1014 STREET ADDRESS STREET ADDRESS MIAMI, FL 33131 CITY-ST-ZIP CITY-ST-ZIP SS Delete Change TITLE TITLE ☐ Addition ALLEN, ROBERT N NAME NAME Tvenue ste 1400 STREET ADDRESS 1441 BRICKELL AVE STE 1014 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MIAMI, FL 33131 ☐ Delete TITLE ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete Change 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 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 further exemptions are required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachme ss, with all other like empowered. SIGNATURE: NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED