



**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 22, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000045095</b> 1. Entity Name <b>DOG TRACK, INC.</b>	
--	---

Principal Place of Business <b>C/O RUSTY ANCHOR 5510 THIRD AVENUE STOCK ISLAND KEY WEST, FL 33040</b>	Mailing Address <b>C/O RUSTY ANCHOR 5510 THIRD AVENUE STOCK ISLAND KEY WEST, FL 33040</b>
--	--

**DO NOT WRITE IN THIS SPACE**



01202004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0823979</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**MORGAN, HUGH J  
317 WHITEHEAD STREET  
KEY WEST, FL 33040**

**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 \_\_\_\_\_ (NOTE: Registered Agent Signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	---

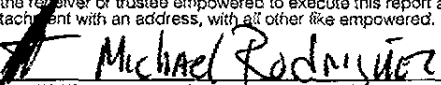
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RODRIGUEZ, MICHAEL 35 EVERGREEN AVENUE KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RODRIGUEZ, RAMON C/O 5510 THIRD AVENUE STOCK ISLAND KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RODRIGUEZ, JIMMY 19 KESTRAL WAY KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000034039  
03/22/04-80043-008 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **Michael Rodriguez** **3/19/2004** **(305) 296-7587**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #