
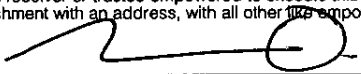


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 10, 2004 8:00 am**  
**Secretary of State**

02-10-2004 90038 031 \*\*\*150.00

<b>DOCUMENT # P97000060962</b> 1. Entity Name <b>WORLD RACE EVENTS, INC.</b>			
Principal Place of Business <b>11431 NW 345 STREET MEDLEY, FL 33166</b>		Mailing Address <b>11431 NW 345 STREET MEDLEY, FL 33166</b>	
2. Principal Place of Business <b>11431 NW. 34 St.</b>		3. Mailing Address <b>11431 NW. 34 St.</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>Miami, FL.</b>		City & State <b>Miami, FL.</b>	
Zip <b>33178</b>		Zip <b>33178</b>	
Country 		Country 	
4. FEI Number <b>65-0782723</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BAROUMN, ALBERTO 9260 SW 72ND ST. STE. 206 MIAMI, FL 33173</b>		7. Name and Address of New Registered Agent Name <b>Barouh, Alberto</b> Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>D</b> NAME <b>GONZALEZ, JORGE E</b> <input type="checkbox"/> Delete STREET ADDRESS <b>7850 N.W. 74TH STREET</b> CITY-ST-ZIP <b>MEDLEY, FL 33166</b>	TITLE <b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>Gonzalez, Jorge E.</b> STREET ADDRESS <b>11431 NW. 34 St.</b> CITY-ST-ZIP <b>Miami, FL. 33178</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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 fees empowered.			
SIGNATURE: 		Date <b>2/2/04</b> Daytime Phone # <b>305-436-0996</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			