

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90027 003 ***150.00

DOCUMENT # P98000071334

1. Entity Name
ERNIE BELLO MOTORSPORT, INC.



Principal Place of Business
12765 FOREST HILL BLVD
STE 1302
WEST PALM BEACH, FL 33414 US

Mailing Address
12765 FOREST HILL BLVD
STE 1302
WEST PALM BEACH, FL 33414 US

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

01302007 Chg-P CR2E034 (12/06)



4. FEI Number
65-0866928

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

~~MARIO DE MENDOZA, III, P.A.~~
~~12765 FOREST HILL BLVD, SUITE 1302~~
~~WELLINGTON, FL 33414~~

7. Name and Address of New Registered Agent

Name
Mario G. de Mendoza, III, P.A.

Street Address (P.O. Box Number is Not Acceptable)
12765 Forest Hill Boulevard

Suite 1302

City Wellington FL Zip Code 33414

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: Mario G. de Mendoza, III, P.A.

SIGNATURE [Signature] Mario G. de Mendoza, III, President DATE 2-1-07

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	VSTD	<input checked="" type="checkbox"/> Delete
NAME	BELLO, CHRISTINA	
STREET ADDRESS	12765 FOREST HILL BLVD STE 1302	
CITY-ST-ZIP	WELLINGTON, FL 33414	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BELLO, ERNESTO	
STREET ADDRESS	12765 FOREST HILL BLVD STE 1302	
CITY-ST-ZIP	WELLINGTON, FL 33414	
TITLE	AS	<input type="checkbox"/> Delete
NAME	DE MENDOZA, MARIO G III	
STREET ADDRESS	12765 FOREST HILL BLVD STE 1302	
CITY-ST-ZIP	WEST PALM BEACH, FL 33414	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bello, Cristina	
STREET ADDRESS	12765 Forest Hill Blvd., Suite 1302	
CITY-ST-ZIP	Wellington, FL 33414	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bello, Ernesto J.	
STREET ADDRESS	12765 Forest Hill Blvd., Suite 1302	
CITY-ST-ZIP	Wellington, FL 33414	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: [Signature] Ernesto J. Bello, Pres. X 3/5/07

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