2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000011610

1. Entity Name
RACES, INC.

Principal Place of Business	Mailing Address
14284 SW 101 ST. MIAMI, FL 33186	14284 SW 101 ST. MIAMI, FL 33186

DO NOT WRITE IN THIS SPACE

03112005   No Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
65-0902273		Not Applicable

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

6. Name and Address of Current Registered Agent

FUENTES, EDUARDO
14284 SW 101 ST.
MIAMI, FL 33186

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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_____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE. Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 After May 1, 2005 Fee will be $550.00	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U000000263029 03/14/05-80081-008 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FUENTES, EDUARDO
STREET ADDRESS	14284 SW 101 ST.
CITY-ST-ZIP	MIAMI, FL 33186

TITLE	D
NAME	FUENTES, ROSA
STREET ADDRESS	14284 SW 101 ST.
CITY-ST-ZIP	MIAMI, FL 33186

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
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STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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)(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 like empowered.

SIGNATURE: _Eduardo Fuentes_   _3/10/2005_   305-712-3333

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