

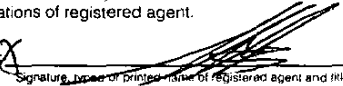
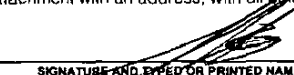


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90066 049 \*\*\*150.00

<b>DOCUMENT # P99000036287</b> 1. Entity Name <b>TAV RACING CORP.</b>					
Principal Place of Business <b>3201 NW 82 AVE</b> <b>MIAMI, FL 33122</b>			Mailing Address <b>3201 NW 82 AVE</b> <b>MIAMI, FL 33122</b>		
2. Principal Place of Business - No P.O. Box # <b>8283 NW 64st</b> Suite, Apt. #, etc. <b>unit #1</b>		3. Mailing Address <b>8283 NW 64st</b> Suite, Apt. #, etc. <b>#1</b>			
City & State <b>Miami FL</b>		City & State <b>Miami FL</b>		4. FEI Number <b>65-0912191</b>	
Zip <b>33166</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>GUTIERREZ, GUSTAVO E OWNER</b> <b>3201 NW 82 AVE</b> <b>MIAMI, FL 33122</b>				7. Name and Address of New Registered Agent Name <b>GUTIERREZ, GUSTAVO E / OWNER?</b> Street Address (P.O. Box Number is Not Acceptable) <b>8283 NW 64st / #1</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33166</b>	
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  DATE <b>4/18/08</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 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 NAME STREET ADDRESS CITY-ST-ZIP	PD <b>GUTIERREZ, GUSTAVO E OWNER</b> <input type="checkbox"/> Delete <b>3201 NW 82 AVENUE</b> <b>MIAMI, FL 33122</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>GUTIERREZ, GUSTAVO E</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>8283 NW 64st / #1</b> <b>Miami FL 33166</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>MORON, NAYIPZI</b> <input type="checkbox"/> Delete <b>3201 NW 82 AVENUE</b> <b>MIAMI, FL 33122</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>MORON, NAYIPZI</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>8283 NW 64st / #1</b> <b>Miami FL 33166</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: 			Date <b>4/18/08</b> Daytime Phone # <b>305-591-8544</b>		