## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF

## Secretary of State **DOCUMENT # S47235** 03-19-2004 90052 041 \*\*\*150.00 EL BASCO RACING STABLES U.S.A., INC. 94032560 Principal Place of Business Mailing Address 520 BRICKELL KEY DR. 520 BRICKELL KEY DR. SUITE 0-305 SUITE 0-305 MIAMI, FL 33131 MIAMI, FL 33131 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 01072004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 65-0258641 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CORPORATE FREEMAN, STEPHEN A., ESQ. Street Address (P.O. Box Number is Not Acceptable) 520 BRICKELL KEY DR. **SUITE 0-305** MIAMI, FL 33131 33131 statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar 8. The above named entity sport the obligations of regist 03/10/2004 SIGNATURE. Signature, ed agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition ROCHER, MARGARITA NAME NAME STREET ADDRESS 520 BRICKELL KEY DR #305 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 CITY - ST- ZIP Change ☐ Defete ☐ Addition TITLE TITLE SILVA, VIVIAN NAME NAME 6161 BLUE LAGOON DR #400 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33126 CITY-ST-712 ☐ Change ☐ Addition ☐ Delete IIIF TITLE FREEMAN, STEPHEN A. NAME NAME STREET ADDRESS 6161 BLUE LAGOON DR #400 STREET ADDRESS MIAMI, FL CITY-ST-7IP CITY-ST-ZIF ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P ☐ Delete TELLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. Thereby 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 provided in 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 provided in the same legal effect as if made under oath; that I am an officer or director

POSTEDHEN A FREEMAN OSLIDIZOOY

FILED Mar 19, 2004 8:00 am