


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N14551</b>		
1. Entity Name TWIN LAKES BINGO CORPORATION		

Principal Place of Business 3055 BURRIS ROAD FT. LAUDERDALE, FL 33314 US	Mailing Address 3055 BURRIS ROAD FT. LAUDERDALE, FL 33314 US
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01252005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  COHEN, HOWARD 465 OCEAN DR #715 MIAMI BEACH, FL 33139
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<b>DO NOT WRITE IN THIS SPACE</b>
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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

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KINGSBERG, RICHARD 661 NE 195TH STREET #308 NORTH MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MARBIN, SHERRIE 20101 NE 20TH CT N.M.B., FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHEN, HOWARD 465 OCEAN DRIVE #715 MIAMI BEACH, FL 33139
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<p>U00000203700 01/29/05-80039-021 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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)(f), 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 617, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-05 954-370,877  
Date Daytime Phone #