

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 620974

FILED  
Feb 17, 2009  
Secretary of State

Entity Name: CASINO RECORDS, INC.

**Current Principal Place of Business:**

2290 SW 8TH STREET  
MIAMI, FL 33135 US

**New Principal Place of Business:**

**Current Mailing Address:**

2290 SW 8TH STREET  
MIAMI, FL 33135 US

**New Mailing Address:**

9600 N.W. 25TH STREET  
6-A  
DORAL, FL 331721416 US

FEI Number: 59-1910818

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ALVAREZ, PEDRO C  
1646 N W 8 STREET  
MIAMI, FL 33125 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PS ( ) Delete  
Name: ALVAREZ, PEDRO C  
Address: 1646 NW 8TH STREET  
City-St-Zip: MIAMI, FL 33125 US

Title: VT ( ) Delete  
Name: ALVAREZ, PEDRO C  
Address: 1646 NW 8TH STREET  
City-St-Zip: MIAMI, FL 33125 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PEDRO ALVAREZ

PS

02/17/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date