

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000005413

FILED  
May 02, 2005  
Secretary of State

Entity Name: CASINO RATED PLAYERS, INC.

## Current Principal Place of Business:

9553 HARDING AVE., #301  
MIAMI BEACH, FL 33154

## New Principal Place of Business:

## Current Mailing Address:

9553 HARDING AVE., #301  
MIAMI BEACH, FL 33154

## New Mailing Address:

FEI Number: 54-2156042

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FORHAN, WILLIAM  
9553 HARDING AVE., #301  
MIAMI BEACH, FL 33154 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSC ( ) Delete  
Name: FORHAN, WILLIAM  
Address: 9553 HARDING AVE., #301  
City-St-Zip: MIAMI BEACH, FL 33154

Title: V (X) Delete  
Name: HENZE, MERCEDES  
Address: 5700 COLLINS AVE., #10J  
City-St-Zip: AVENTURA, FL 33140

Title: VC ( ) Delete  
Name: SCOTT, DAVID  
Address: 16500 COLLINS AVE., #1555  
City-St-Zip: AVENTURA, FL 33140

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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 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: WILLIAM FORHAN

P

05/02/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date