


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2008 8:00 am
Secretary of State

02-20-2008 90006 040 ***150.00

DOCUMENT # F67776
 1. Entity Name
DIE CAST ASSOCIATES, INC.



Principal Place of Business Mailing Address
5280 N. OCEAN DRIVE **5280 N. OCEAN DRIVE**
REACHES CONDO-APT 16-F **REACHES CONDO-APT 16-F**
SINGER ISLAND FL 33404 **SINGER ISLAND FL 33404**
US **US**



2. Principal Place of Business - No P.O. Box # **133 TRANQUILLA DR** 3. Mailing Address **133 TRANQUILLA DR**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State **PALM BEACH GARDENS, FL** City & State **PALM BEACH GARDENS, FL**
 Zip **33418** Country **USA** Zip **33418** Country **USA**

4. FEI Number **59-2156531** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
ROBBINS, JACK
5280 N. OCEAN DR. APT 16-F
SINGER ISLAND FL 33404

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ROBBINS, JACK	
STREET ADDRESS	5280 N OCEAN DR APT 16-F	
CITY-ST-ZIP	SINGER ISLAND FL 33404	
TITLE	ST	<input type="checkbox"/> Delete
NAME	ROBBINS, BARBARA	
STREET ADDRESS	5280 N OCEAN DR APT 16-F	
CITY-ST-ZIP	SINGER ISLAND FL 33404	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P- JACK ROBBINS	
STREET ADDRESS	133 TRANQUILLA DR.	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ST BARBARA ROBBINS	
STREET ADDRESS	133 TRANQUILLA DR.	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Jack Robbins **JACK ROBBINS** 2/11/08 561-627-1792
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #