

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90061 007 ***150.00

DOCUMENT # G62174 1. Entity Name DON CASINO PRODUCTIONS, INC.			
Principal Place of Business 20880 W DIXIE HWY STE 105 MIAMI FL 33180 US		Mailing Address 20880 W DIXIE HWY STE 105 MIAMI FL 33180 US	
2. Principal Place of Business 20880 W. Dixie Hwy. Suite, Apt. #, etc. #105 City & State Miami, FL 33180 Zip Country 33180 DaDe		3. Mailing Address 20880 W. Dixie Hwy. Suite, Apt. #, etc. #105 City & State Miami, FL 33180 Zip Country 33180 DaDe	
4. FEI Number 59-2327091		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent FRIEDMAN, BARRY 4800 N. FED. HWY BOCA RATON FL 33431	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD CASINO, DON 19511 NE 19TH CT. N. MIAMI BEACH FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD CASINO, CANDI 19511 NE 19TH CT. N. MIAMI BEACH FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(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 like empowered.			
SIGNATURE: Don Casino		1/22/04 305/931-7552 <small>Date Daytime Phone #</small>	