

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H81393

FILED  
Feb 06, 2012  
Secretary of State

**Entity Name:** CASINOS AUSTRIA MARITIME CORPORATION

**Current Principal Place of Business:**

3107 STIRLING ROAD  
SUITE 206  
FT. LAUDERDALE, FL 33312 US

**New Principal Place of Business:**

**Current Mailing Address:**

3107 STIRLING ROAD  
SUITE 206  
FT. LAUDERDALE, FL 33312 US

**New Mailing Address:**

**FEI Number:** 59-2715677      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

KUBIT ESQUIRE, DONALD  
ESPIRITO SANTO PLAZA  
1395 BRICKELL AVENUE 14TH FLOOR  
MIAMI, FL 33131 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: TUCEK, ALEXANDER  
Address: 3107 STIRLING ROAD SUITE 206  
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: TD  
Name: BLOCK, ARNOLD R  
Address: 3107 STIRLING ROAD SUITE 206  
City-St-Zip: FT. LAUDERDALE, FL 33312

Title: SD  
Name: KLEMPNER, MICHELE M  
Address: 3107 STIRLING ROAD SUITE 206  
City-St-Zip: FORT LAUDERDALE, FL 33312

I hereby 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 all other like empowered.

SIGNATURE: MICHELE M. KLEMPNER

SD

02/06/2012

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

\_\_\_\_\_  
Date