DO NOT WRITE IN THIS SPACE

## FILED May 02, 2007 08:00 A Secretary of State

ANNUAL REPORT							
DOCUMENT #K77348	T						
1. Entity Name							
CASINO SPORT AM ISEMENT AND VIDEO CORR	10						

Principal Place of Business

Mailing Address

10439 S.W. 23RD STREET MIAMI, FL 33165-7913

10439 S.W. 23RD STREET MIAMI, FL 33165-7913



04302007	No Chg-P	CR2E034 (11/05)	11/05)		
4. FEI Number		A	pplied For		
65-0113	114	. N	lot Applicabl		

ARREU, OVIDEO 10439 S.W. 23RD TERR. MIAMI, FL 33165  8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florica. Lam familiar with, and according to the obligations of registered agent.  SIGNATURE  FILE NOWILL FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  10. OFFICERS AND DIRECTORS  10. OFFICERS AND DIRECTORS  10. OFFICERS AND DIRECTORS  10. MAKE 10. OFFICERS AND DIRECTORS  10. MAKE 10. IN JAMM, FL 33165  10. STREET MORESS 10. STREE	,				5. Certificate of	Status Desired	See Required
10439 S.W. 23RD TERR.		6. Name and Address of Current Regis	itered Agent	d		ps by gram to	
THE CONTROL OF THE STATE OF THE	ABREU, OVIDEO 10439 S.W. 23RD TERR.						
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  10. OFFICERS AND DIRECTORS  10. OFFICERS AND DIRECTORS  10. OVIDIO, ABREU SIREEI ADDRESS 10/439 SW 23RD STREET DIV. SI-2P MIAMI, FL 33165  10. ENGAGE ADDRESS 10.439 SW 23RD STREET MIAME SIREEI ADDRESS CITY-SI-2P MIAMI, FL 33165  10. THE ENAME SIREEI ADDRESS CITY-SI-2P  10. DV MIAMI, FL 33165  10. THIS SPACE  10. SPACE	the obligat	named entity submits this statement for the plans of registered agent.	ourpose of changing its register	ed office or registe	ared agent, or both,	in the State of Flori	ida. I am familiar with, and accept
After May 1, 2007 Fee will be \$550.00  Trust Fund Contribution. Added to Fees  10. OFFICERS AND DIRECTORS  10LE NAME OVIDIO, ABREU 10439 SW 23RD STREET 017-S1-2P MIAMI, FL 33165  10LE NAME STREET ADDRESS CITY-S1-2P 10LE NAME SIREET ADDRESS CITY-S1-2P 10LE NAME 1000000756395 05/23/07-80028-010 150.00	SIGNATURE.	Signature, typed or printed name of registered agent and title	if applicable, (NOTE Register	ed Agent signature require	rd when reinstating)		DATE
ITILE NAME STREET ADDRESS CITY-ST-ZIP UTLE NAME	FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00					
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NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME	NAME STREET ADDRESS				ÎN T	HISSP	ACE
NAME	name Street address						
STRET ADDRESS CITY-S1-ZIP  12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information	NAME STREET ADDRESS CITY+ST-ZIP						

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.