

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000036440

**FILED**  
**Feb 25, 2010**  
**Secretary of State**

**Entity Name:** GLOBAL CASINO PROVIDER, LLC

**Current Principal Place of Business:**

43 S. POMPANO PKWY  
SUITE 257  
POMPANO BEACH, FL 33069

**New Principal Place of Business:**

**Current Mailing Address:**

43 S. POMPANO PKWY  
SUITE 257  
POMPANO BEACH, FL 33069

**New Mailing Address:**

**FEI Number:** 26-4674231

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MORALES, CARLOS V  
1155 BRICKELL BAY DR.  
APT. #603  
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

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** MORALES, CARLOS V  
**Address:** 1155 BRICKELL BAY DR. #603  
**City-St-Zip:** MIAMI, FL 33131

**Title:** MGRM  
**Name:** FUENTES, MARLEN V  
**Address:** 1155 BRICKELL BAY DR. #603  
**City-St-Zip:** MIAMI, FL 33131

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** CARLOS V MORALES

MGRM

02/25/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date