


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M38425</b> 1. Entity Name CASINO GLASS & MIRROR INC.	
--	---

Principal Place of Business 527 N. 21 AVENUE HOLLYWOOD, FL 33020 US	Mailing Address C/O JOHN CASINO 6221 FUNSTON ST HOLLYWOOD, FL 33023
---	--

<b>DO NOT WRITE IN THIS SPACE</b>
-----------------------------------



04182008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2725427	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
--	---------------------------------------

6. Name and Address of Current Registered Agent  CASINO, JOHN 6221 FUNSTON ST HOLLYWOOD, FL 33023
---

<b>DO NOT WRITE IN THIS SPACE</b>
-----------------------------------

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 _____
--	------------

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$350.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD CASINO, JOHN 6221 FUNSTON ST HOLLYWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD CASINO, DEBORAH J. 6221 FUNSTON ST HOLLYWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U000000938322 05/27/08-80086-014 158.75</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
---

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.

<b>SIGNATURE:</b> <u>Deborah J. Casino</u> <b>DEBORAH J. CASINO, V.P., Inc.</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>4-18-08</u> <small>Date</small>	<u>954-920-4202</u> <small>Daytime Phone #</small>
--	---------------------------------------	---