2008 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # POSOCOO19664



FILED

Jan 14, 2008 8:00 am Secretary of State

1. Enlity Name CASABLANCA OF SOUTH BEACH, INC.								01-14-200	8 90100 ()24 ****15	0.00
Principal Place of Business			Mailing Address	Mailing Address							
650 OCEAN DRIVE MIAMI BEACH, FL 33139			650 OCEAN DRIVE MIAMI BEACH, FL 33139								
2. Principal Place of Business - No P.O. Box #			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01102008	Chg-P	CR2E0	34 (12/06)	
City & State			City & State				4. FEI Numb 73-199			—	plied For
Zip	Zip Country		Zip	Zip Country				of Status Desired		\$8.75 Add	litional
	6. Name	and Address of Curren	t Registered Agent	l .			7. Name and	Address of New	Registered	<u> </u>	
THILLOW MINICENT					Name						
THILLOY, VINCENT 3322 CHASE AVENUE MIAMI BEACH, FL 33140				Street A	ddress (F	P.O. Box Numb	er is Not Acceptab	ole)			
11117 11111 DE2		50140			City					Zip Code	
The above named entity submits this statement for the purpose of changing its						•			FL	• `	
	named entiti tions of regist		or the purpose of cha	anging its registe	ered office or	registere	ed agent, or bo	th, in the State of F	lorida. I am	familiar with,	and accept
SIGNATURE	Signature, typed	or printed name of registered agen	t and title if applicable.	(NOTE Registe	erea Agent signatu	ire required	when reinstating)	-	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election C Trust Func							00 May Be ed to Fees				-
10.	1	OFFICERS AND	DIRECTORS	1.	1.		ADDITIONS	CHANGES TO OF	FICERS AND	DIRECTORS	S IN 11
TITLE	D _.	VINCENT	□ D		ITLE					☐ Change	☐ Addition
NAME STREET ADDRESS	THILLOY, VINCENT				ame Treet address						
CITY-ST-ZIP					ITY-ST-ZIP						
TITLE	D		 ✓D	elete Ti	TLE					☐ Change	Addition
NAME	POSTEL, CLAUDE A			AME							
STREET ADDRESS CHY-ST-ZIP					TREET ADDRESS ITY-ST-ZIP						
TITLE	IVIIAIVII BE	ACH, FL 33139			ITLE					Channe	Addition
NAME			□ D		AME	D DAIII '	TERNINCK			☐ Change	✓ Addition
STREET ADDRESS				SI	TREET ADDRESS	650 O	CEAN DRIVE				
CHY-SI-ZIP				CI	ITY-ST-ZIP	MIAMI	BEACH, FL 3	3139			
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NAME			□ D		TLE					☐ Change	Addition
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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 offect as if made undor 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Daytime Phone #