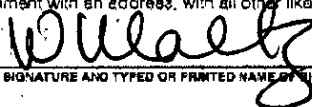


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 18, 2004 8:00 am
Secretary of State

08-18-2004 90006 013 ***158.75

DOCUMENT #P03000033080			
1. Entity Name CRAZYPARROT CASINOS INTERNATIONAL, INC.			
Principal Place of Business 1717 N. BAYSHORE DRIVE #2856 MIAMI, FL 33132 US		Mailing Address 1717 N. BAYSHORE DRIVE #2856 MIAMI, FL 33132 US	
2. Principal Place of Business 1717 N. Bayshore Dr.		3. Mailing Address 1717 N. Bayshore Dr.	
Suite, Apt. #, etc. #1655		Suite, Apt. #, etc. #1655	
City & State Miami, FL		City & State Miami, FL	
Zip 33132	Country U.S.	Zip 33132	Country U.S.
4. FEI Number		Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required		08092004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent CRONEY, D.J. 1717 N. BAYSHORE DRIVE # 2856 MIAMI, FL 33132		7. Name and Address of New Registered Agent Name Wayne Maltz Street Address (P.O. Box Number is Not Acceptable) 1717 N. Bayshore Dr. Ste. #1655 City Miami FL Zip Code 33132	
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  Wayne Maltz		August 9, 2004	
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MYRICK, WALTER A 3673 BIRCHBEND LANE FT. WORTH, TX 76137 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MALTZ WAYNE 6307-B FM 1960 WEST HOUSTON, TX 77069 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PRICE, SANDRA F 2425 ASHCROFT CIRCLE EDMOND, OK 73034 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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.			
SIGNATURE:  Wayne Maltz		8/9/04 281-440-5887	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

44052188

