

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90121 009 ***150.00

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1. Entity Name

SOUTH FLORIDA CASINO PARTIES INC.



Principal Place of Business

**7154 NORTH UNIVERSITY DR., UNIT 104
TAMARAC, FL 33321**

Mailing Address

**7154 NORTH UNIVERSITY DR., UNIT 104
TAMARAC, FL 33321**



04292005

No Chg-P

CR2E034 (10/03)

4. FEI Number

54-2153347

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

**9. Election Campaign Financing
Trust Fund Contribution.**



**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

**TITLE PTD
NAME LABANDERA, ROSA
STREET ADDRESS 7154 NORTH UNIVERSITY DR., UNIT 104
CITY-ST-ZIP TAMARAC, FL 33321**

**TITLE VSD
NAME SANCHEZ, YOLANDA
STREET ADDRESS 7154 NORTH UNIVERSITY DR., UNIT 104
CITY-ST-ZIP TAMARAC, FL 33321**

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 feeder 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:

Rosa Labandera
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/05 754 2460993