


# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000107775		
1. Entity Name BLUE DOLPHIN CASINO CLUB INC.		

FILED

11 APR 29 AM 9:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business 541 MONACO L DELRAY BEACH, FL 33446 US	Mailing Address 541 MONACO L DELRAY BEACH, FL 33446 US
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2. Principal Place of Business - No P.O. Box # 541 MONACO L	3. Mailing Address Suite, Apt. #, etc.
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04192011 Chg-P CR2E034 (11/08)

City & State Delray Bch., Fla.	City & State Fla.
Zip 33446	Country Palm Bch

4. FEI Number 02-0727172	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent ADELMAN, CLAIRE 541 MONACO L DELRAY BEACH, FL 33446	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 Claire Adelman Claire Adelman 4-23-11  
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, 2011 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VST ADELMAN, CLAIRE 541 MONACO L DELRAY BEACH, FL 33446 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	500202930285 04/20/11--01005--003 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> 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 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: Claire Adelman Claire Adelman 4-23-11 561-637-3927  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #