

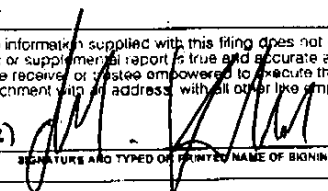
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CRUZ GORRIA

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90196 033 ***150.00

**2006 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P05000136764 1. Entity Name JALOU DI GROUP INC			
Principal Place of Business 6135 NW 167 STREET UNIT E27 MIAMI, FL 33015 US		Mailing Address 6135 NW 167 STREET UNIT E27 MIAMI, FL 33015 US	
2. Principal Place of Business 911 NW 209th Ave Suite, Apt. #, etc. III		3. Mailing Address 911 NW 209th Ave Suite, Apt. #, etc. III	
City & State Pembroke Pines FL Zip 33029 Country USA		City & State Pembroke Pines FL Zip 33029 Country USA	
4. FEI Number 20-3599534		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EKHRAIWESH, FAYEZ 6135 NW 167 STREET UNIT E27 MIAMI, FL 33015		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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P EKHRAIWESH, FAYEZ 6135 NW 167 STREET UNIT E27 MIAMI, FL 33015	☒ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P EKHRAIWESH, FAYEZ 3901 SW 186 Ave. Miramar, FL 33029	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	☐ Change ☐ Addition
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: (x) 		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
		Date _____ Daytime Phone # _____	