

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000065330

**FILED**  
**Jan 16, 2010**  
**Secretary of State**

**Entity Name:** CASINO PARTY NIGHTS FLORIDA, INC.

**Current Principal Place of Business:**

821 NW 12 AVENUE  
DANIA, FL 33004

**New Principal Place of Business:**

528 NW 8TH STREET  
DANIA, FL 33004

**Current Mailing Address:**

821 NW 12 AVENUE  
DANIA, FL 33004

**New Mailing Address:**

528 NW 8TH STREET  
DANIA, FL 33004

**FEI Number:** 20-4926713

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GUTTADAURO, ROMANO D  
821 NW 12 AVENUE  
DANIA, FL 33004 US

**Name and Address of New Registered Agent:**

GUTTADAURO, ROMANO D  
528 NW 8TH STREET  
DANIA, FL 33004 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

01/16/2010

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P  
Name: GUTTADAURO, ROMANO D  
Address: 528 NW 8TH STREET  
City-St-Zip: DANIA, FL 33004

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROMANO D GUTTADAURO

P

01/16/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date