

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008 08:00 AM
Secretary of State

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| DOCUMENT # P07000001204 1. Entity Name LAS VEGAS IN TOWN, INC | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Principal Place of Business 2443 10TH AVE N LAKE WORTH, FL 33461 | | | Mailing Address 10085 COBBLESTONE CREEK DR BOYNTON BEACH, FL 33437 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City & State Zip | | City & State Zip | | 4. FEI Number 20-2317405 | | | | | | | | | | | | | | | | | | | | | | | | | |
| City & State Zip | | City & State Zip | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Name and Address of Current Registered Agent BARREIROS-CABLES, MONICA 10085 COBBLESTONE CREEK DR BOYNTON BEACH, FL 33437 | | | 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 re-registering) DATE _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">P</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BARREIROS-CABLES, MONICA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>10085 COBBLESTONE CREEK DR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BOYNTON BEACH, FL 33437</td> <td></td> </tr> </table> | | | TITLE | P | <input type="checkbox"/> Delete | NAME | BARREIROS-CABLES, MONICA | | STREET ADDRESS | 10085 COBBLESTONE CREEK DR | | CITY-ST-ZIP | BOYNTON BEACH, FL 33437 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> | | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | | | STREET ADDRESS | | | CITY-ST-ZIP | | |
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #