2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 27, 2008 08:00 Al Secretary of State DOCUMENT # P0700001204 1. Entity Name LAS VEGAS IN TOWN, INC Principal Place of Business Mailing Address 10085 COBBLESTONE CREEK DR 2443 10TH AVE N LAKE WORTH, FL 33461 **BOYNTON BEACH, FL 33437** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01222008 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 20- D317405 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BARREIROS-CABLES, MONICA Street Address (P.O. Box Number is Not Acceptable) 10085 COBBLESTONE CREEK DR **BOYNTON BEACH, FL 33437** City Zip Code FI 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent aignature required when reinstating) FILE NOW!!! FEE 18 \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Delete Change Addition TITLE TITLE NAME BARREIROS-CABLES, MONICA NAME STREET ADDRESS 10085 COBBLESTONE CREEK DR STREET ADDRESS U00000840428 CITY-ST-7IP BOYNTON BEACH, FL 33437 CITY-ST-ZIP Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP TITLE Delete TITLE Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TTLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling 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 wustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

Daytime Phone #

all other like empowered

changed, or on an attachment with an address.