2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 23, 2005 08:00 AM Secretary of State

ANNOALILION							
DOCUMENT # P9500 1. Entity Name G.P. ESTEIN LAS VEGAS CO							
Principal Place of Business C/O ESTEIN & ASSOCIATES USA, LTD. 5211 INTERNATIONAL DRIVE ORLANDO, FL 32819	Mailing Address C/O ESTEIN & ASSOCIATES USA 5211 INTERNATIONAL DRIVE ORLANDO, FL 32819	A, LTD.					



DO NOT WRITE IN THIS SPACE

02172005 No Chg-P CR2E034 (10/03)

 4. FEI Number
 Applied For

 59-3308673
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ESTEIN, LOTHAR
5211 INTERNATIONAL DRIVE
ORLANDO, FL 32819

DO NOT WRITE IN THIS SPACE

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_			 .i	<u> </u>	· — ·	
Signature, typed or printed name of registered agent and tide if applicable. (NOTE, Registered Agent signature required when reinstating) DATE						
		Election Campaign Finan- Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CITY+ST+ZIP	D ESTEIN, LOTHAR 5211 INTERNATIONAL DRIVE ORLANDO, FL 32819		34.66.75		000000240281 02/23/05-80025-806 158.75	
TITLE NAME STREET ADDRESS CITY - ST - ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-SI-ZIP			·	·.		
NAME STREET ADDRESS CITY-ST-ZIP			a dinam			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 path; that I am an officer or dispersion of the required by Charles 607. Eloyida Statutes, and that my ame appears in Block 10 or Block 11 if						

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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:

100-

Lothar_Estein

2/18/2005

(407) 354-3307

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytima Phone #