

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 27, 2007 08:00 AM  
Secretary of State

DOCUMENT # P95000018697

1. Entity Name

G.P. ESTEIN LAS VEGAS CORPORATION



Principal Place of Business

C/O ESTEIN & ASSOCIATES USA, LTD.  
5211 INTERNATIONAL DRIVE  
ORLANDO, FL 32819

Mailing Address

C/O ESTEIN & ASSOCIATES USA, LTD.  
5211 INTERNATIONAL DRIVE  
ORLANDO, FL 32819



04232007

No Chg-P

CR2E034 (11/05)

4. FEI Number

59-3308673

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESTEIN, LOTHAR 5211 INTERNATIONAL DRIVE ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UD0000736338  
05/10/07-80072-016 150.00

DO NOT WRITE  
IN THIS SPACE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/07

(407) 354-3307