

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000084253

FILED
Mar 26, 2009
Secretary of State

Entity Name: CASINO AUTO SERVICE & TOWING, INC.

Current Principal Place of Business:

151 S WEATHERBEE EXT
ORLANDO, FL 32824

New Principal Place of Business:

151 S WETHERBEE EXT
ORLANDO, FL 32824

Current Mailing Address:

P.O. BOX 451987
KISSIMMEE, FL 34745

New Mailing Address:

FEI Number: 59-3476493

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MATAS, ANA M
151 S WEATHERBEE EXT
ORLANDO, FL 32824 US

Name and Address of New Registered Agent:

MATAS, ANA M
151 S WETHERBEE EXT
ORLANDO, FL 32824 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: ANA M MATAS

03/26/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MATAS, ANTONIO A
Address: 151 S WEATHERBEE EXT
City-St-Zip: ORLANDO, FL 32824

Title: VP () Delete
Name: MATAS, PAOLA E
Address: 151 S WEATHERBEE EXT
City-St-Zip: ORLANDO, FL 32824

Title: S (X) Delete
Name: MATAS, ANA M
Address: 151 S WEATHERBEE EXT
City-St-Zip: ORLANDO, FL 32824

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MATAS, ANA M
Address: 151 S WEATHERBEE EXT
City-St-Zip: ORLANDO, FL 32824

Title: VP (X) Change () Addition
Name: MATAS, ANTONIO A
Address: 151 S WETHERBEE EXT
City-St-Zip: ORLANDO, FL 32824

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ANA M MATAS

P

03/26/2009

Electronic Signature of Signing Officer or Director

Date