


FILED
Apr 22, 2004 8:00 am
Secretary of State

66414207

DOCUMENT # P97000104797

1. Entity Name
CASINO HOMES, CORP.




04-22-2004 90294 001 *6,000.00

Principal Place of Business
1470 N.W. 107TH AVENUE
SUITE B
MIAMI, FL 33172

Mailing Address
231 ALTARA AVE
CORAL GABLES, FL 33146

66414207



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
ZipCountry

3. Mailing Address
Suite, Apt. #, etc.
City & State
ZipCountry

01282004Chg-PCR2E034 (10/03)

4. FEI Number
65-0799867Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent
Hector ~~BAO~~ AUTONTO
1470 NW 107 AVE
SUITE C
MIAMI, FL 33172

7. Name and Address of New Registered Agent
Name: ~~MARCELO~~ MARCELO
Street Address (P.O. Box Number is Not Acceptable)
1470 N.W. 107 Ave, Suite C
City: MiamiFLZip Code: 33172

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]* (NOTE: Registered Agent signature required when reinstating) DATE: 1/29/04

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS
TITLE: PD
NAME: FONSECA, RAUL
STREET ADDRESS: 1470 NW 107 AVE, STE.C
CITY-ST-ZIP: MIAMI, FL 33172
[Delete]

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE: [Change] [Addition]
NAME: [Change] [Addition]
STREET ADDRESS: [Change] [Addition]
CITY-ST-ZIP: [Change] [Addition]

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 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]* DATE: 1/29/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR