


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000032631 1. Entity Name CASINO CRUZ, INC.			
Principal Place of Business % ATLANTIS HOLDINGS 645 E DANIA BEACH BLVD DANIA BEACH, FL 33004 US		Mailing Address % ATLANTIS HOLDINGS 645 E DANIA BEACH BLVD DANIA BEACH, FL 33004 US	
7 %Atlantia Holdings 645 E Dania Beach Blvd Dania Beach, FL 33004 US		%Atlantia Holdings 645 E Dania Beach Blvd Dania Beach, FL 33004 US	
4. FEI Number 65-0826520		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BLACKBURN, ACE J JR COONEY MATTSON LANCE BLACKBURN RICHARDS 2312 WILTON DR. FORT LAUDERDALE, FL 33305		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BLACKBURN, A JR 645 E DANIA BEACH BLVD DANIA BEACH, FL 33004 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U000000424482 02/18/06-80051-008 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD ECONOMOU, C 645 E DANIA BEACH BLVD DANIA BEACH, FL 33004 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WAGNER, J 645 E DANIA BEACH BLVD DANIA BEACH, FL 33004 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MORFIDIS, G 645 E DANIA BEACH BLVD DANIA BEACH, FL 33004 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 reports 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, trustee or 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 1-25-06 Daytime Phone # 954-922-7771	