

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000019054

1. Entity Name
CASINO EXPRESS, INC.



Principal Place of Business
3800 S. OCEAN DR.
SUITE 233
HOLLYWOOD, FL 33019

Mailing Address
3800 S. OCEAN DR.
SUITE 233
HOLLYWOOD, FL 33019



01032008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0898654

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

KLISTON, TODD W
8211 WEST BROWARD BLVD., SUITE 375
PLANTATION, FL 33324

**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, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MAZEN, JAY
STREET ADDRESS	POST OFFICE BOX 486
CITY - ST - ZIP	HALLANDALE, FL 33008
TITLE	DPST
NAME	CRISONINO, ROBERT
STREET ADDRESS	4021 EAST LAKE ESTATES DRIVE
CITY - ST - ZIP	DAVIE, FL 33328
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**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

1-8-08 954-454-8777
Date **Daytime Phone #**