

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000172652

Entity Name: GOT GAME OF MIAMI INC.

FILED  
Apr 24, 2009  
Secretary of State

## Current Principal Place of Business:

14860 SW 144 TERRACE  
MIAMI, FL 33196 US

## New Principal Place of Business:

## Current Mailing Address:

14860 SW 144 TERRACE  
MIAMI, FL 33196 US

## New Mailing Address:

FEI Number: 20-2131290

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FINE & LICITRA, LLP  
2333 PONCE DE LEON BOULEVARD  
SUITE 303  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: WEISSMAN, DARREN  
Address: 14860 SW 144 TERRACE  
City-St-Zip: MIAMI, FL 33196 US

Title: VP ( ) Delete  
Name: WEISSMAN, SAUL  
Address: 14860 SW 144 TERRACE  
City-St-Zip: MIAMI, FL 33196 US

Title: S ( ) Delete  
Name: WEISSMAN, DARREN  
Address: 14860 SW 144 TERRACE  
City-St-Zip: MIAMI, FL 33196 US

Title: T ( ) Delete  
Name: WEISSMAN, DARREN  
Address: 14860 SW 144 TERRACE  
City-St-Zip: MIAMI, FL 33196 US

Title: D ( ) Delete  
Name: WEISSMAN, DARREN  
Address: 14860 SW 144 TERRACE  
City-St-Zip: MIAMI, FL 33196 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: SAUL WEISSMAN

VP

04/24/2009

Electronic Signature of Signing Officer or Director

Date