

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 31, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 836764**

1. Entity Name  
**FLORIDA GAMING CORPORATION**



Principal Place of Business  
**3500 N.W. 37TH AVENUE  
MIAMI, FL 33142 US**

Mailing Address  
**3500 N.W. 37TH AVENUE  
MIAMI, FL 33142 US**



01122008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1670533**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**RICO, JOHN  
3500 N.W. 37TH AVENUE  
MIAMI, FL 33142**

**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  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**U00000875846  
04/11/08-80049-024 158.75**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	HOWELL, ROLAND M.
STREET ADDRESS	555 NE 15TH STREET
CITY-ST-ZIP	MIAMI, FL
TITLE	D
NAME	GALLOWAY, GEORGE W. DR. J
STREET ADDRESS	1242 OLD BLUE CREEK RD
CITY-ST-ZIP	CLEVELAND, GA 30528
TITLE	P
NAME	COLLETT, BENNETT W JR
STREET ADDRESS	1750 S KINGS HWY
CITY-ST-ZIP	FORT PIERCE, FL 34945
TITLE	D
NAME	HADDON, WILLIAM C
STREET ADDRESS	196 ATLANTA COUNTRY CLUB DR
CITY-ST-ZIP	MARIETTA, GA 30067
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

**3/27/08**

Date

**(305) 633-6400**

Daytime Phone #