

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004370

FILED
Jul 16, 2009
Secretary of State

Entity Name: GAME, SET, CURE, INC.

Current Principal Place of Business:

2961 DAY AVENUE
COCONUT GROVE, FL 33133 US

New Principal Place of Business:

Current Mailing Address:

2961 DAY AVENUE
SUITE A
COCONUT GROVE, FL 33133 US

New Mailing Address:

FEI Number: 33-1165908 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BROWARNIK, DIANE L DIANE B
2961 A DAY AVENUE
SUITE A
MIAMI, FL 33133 US

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BROWARNIK, DIANE
Address: 2961 DAY AVENUE
City-St-Zip: COCONUT GROVE, FL 33133

Title: D () Delete
Name: SHATAS, ANNE
Address: 3814 EL PRADO
City-St-Zip: COCONUT GROVE,, FL 33133

Title: D () Delete
Name: MILLER, LYNDIA A
Address: 350 ISLA DORADA
City-St-Zip: CORAL GABLES, FL 33133

Title: D () Delete
Name: ALCAY, CATHY
Address: 4371 CULTRY DRIVE
City-St-Zip: COCONUT GROVE,, FL 33133

Title: D () Delete
Name: WADLEY, CATHERINE
Address: 3675 BATTERSEA ROAD
City-St-Zip: COCONUT GROVE,, FL 33133

Title: D () Delete
Name: LEE, LERA
Address: 100 EAST DILIDO
City-St-Zip: MIAMI BEACH, FL 33139

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:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANE BROWARNICK

P

07/16/2009

Electronic Signature of Signing Officer or Director

Date