


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2005 08:00 AM
Secretary of State

| | | |
|--|--|---|
| DOCUMENT # P00000068372 | |  |
| 1. Entity Name ALL AMERICAN GAMES, INC. | | |
| Principal Place of Business 8306 N.W. 68 STREET MIAMI, FL 33166 US | Mailing Address 8306 N.W. 68 STREET MIAMI, FL 33166 US | |



01072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1026313

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ALVAREZ, ODALIS
8306 N.W. 68TH STREET
MIAMI, FL 33166**

**DO NOT WRITE
IN THIS SPACE**

7. 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 restate)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

8. Election Campaign Financing
Trust Fund Contribution. ☐

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

U000000276547

03/25/05 88842 013 150.00

10. OFFICERS AND DIRECTORS

| | |
|----------------|------------------|
| TITLE | D |
| NAME | FLORES, ODALIS |
| STREET ADDRESS | 8306 NW 68 ST. |
| CITY-ST-ZIP | MIAMI, FL 33166 |
| TITLE | S |
| NAME | BELLO, LOUIS |
| STREET ADDRESS | 8306 NW 68TH ST. |
| CITY-ST-ZIP | MIAMI, FL 33166 |
| TITLE | P |
| NAME | BELLO, ZOBEDIA |
| STREET ADDRESS | 8306 NW 68TH ST. |
| CITY-ST-ZIP | MIAMI, FL 33166 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/05

(305) 470-2325

Date

Daytime Phone #

ZOBEDIA BELLO