

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90064 032 \*\*\*150.00

**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**

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01102007 No Chg-P CR2E034 (11/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-1026313</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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

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

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FLORES, ODALIS 8306 NW 68 ST. MIAMI, FL 33166</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S BELLO, LOUIS 8306 NW 68TH ST. MIAMI, FL 33166</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P BELLO, ZOEDIA 8306 NW 68TH ST. MIAMI, FL 33166</b>
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: *Zobaida Bello*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/07

Date

905-470-2385

Daytime Phone #

*Zobaida Bello*