

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000025964

1. Entity Name
GAME ZONE, INC.



Principal Place of Business
**5041 SOUTH STATE ROAD 7
DAVIE, FL 33314**

Mailing Address
**5041 SOUTH STATE ROAD 7
DAVIE, FL 33314**



03102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1084052

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BIRAMONTES, STEPHANIE
6577 SW 41ST COURT
DAVIE, FL 33314**

**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 Stephanie BIRAMONTES, President
Signature, typed or printed name of registered agent and title if applicable.

3/10/07
DATE

(NOTE: Registered Agent signature required when reinstating)

**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 PD
NAME BIRAMONTES, STEPHANIE
STREET ADDRESS 5041 SOUTH STATE RD 7
CITY-ST-ZIP DAVIE, FL 33314

TITLE VPD
NAME BIRAMONTES, DEBORA
STREET ADDRESS 5041 SOUTH STATE RD 7
CITY-ST-ZIP DAVIE, FL 33314

TITLE TD
NAME BIRAMONTES, MINOR
STREET ADDRESS 5041 SOUTH STATE RD 7
CITY-ST-ZIP DAVIE, FL 33314

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Debora C BIRAMONTES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/10/07
Date

954-585-9663
Daytime Phone #

U00000663490
03/22/07-80006-010 150.00

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IN THIS SPACE**