

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000025964

FILED
Jan 16, 2009
Secretary of State

Entity Name: GAME ZONE, INC.

Current Principal Place of Business:

5041 SOUTH STATE ROAD 7
DAVIE, FL 33314

New Principal Place of Business:

6577 SW 41 CT.
DAVIE, FL 33314

Current Mailing Address:

5041 SOUTH STATE ROAD 7
DAVIE, FL 33314

New Mailing Address:

PO BOX 290934
DAVIE, FL 33329

FEI Number: 65-1084052

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BIRAMONTES, STEPHANIE
Address: 5041 SOUTH STATE RD 7
City-St-Zip: DAVIE, FL 33314

Title: VPD () Delete
Name: BIRAMONTES, DEBORA
Address: 5041 SOUTH STATE RD 7
City-St-Zip: DAVIE, FL 33314

Title: TD () Delete
Name: BIRAMONTES, MINOR
Address: 5041 SOUTH STATE RD 7
City-St-Zip: DAVIE, FL 33314

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BIRAMONTES, STEPHANIE
Address: 6577 SW 41 CT.
City-St-Zip: DAVIE, FL 33329

Title: VPD (X) Change () Addition
Name: BIRAMONTES, DEBORA
Address: 6577 SW 41 CT.
City-St-Zip: DAVIE, FL 33329

Title: TD (X) Change () Addition
Name: BIRAMONTES, MINOR
Address: 6577 SW 41 CT.
City-St-Zip: DAVIE, FL 33329

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

SIGNATURE: STEPHANIE BIRAMONTES

PRES

01/16/2009

Electronic Signature of Signing Officer or Director

_____ Date