



FILED
Apr 15, 2004 08:00 AM
Secretary of State

<div style="display: flex; justify-content: space-between;"><div>DOCUMENT # P01000104595 1. Entity Name NOGAME, INC.</div><div style="text-align: center;"></div></div>		Apr 15, 2004 08:00 AM Secretary of State	
<div style="display: flex; justify-content: space-between;"><div>Principal Place of Business 7329 NW 36 ST MIAMI, FL 33166</div><div>Mailing Address 7329 NW 36 ST MIAMI, FL 33166</div></div>		<div style="text-align: center;"></div> <div style="display: flex; justify-content: space-between;">04102004No Chg-PCR2E034 (10/03)</div> <div style="display: flex; justify-content: space-between;"><div>4. FEI Number 65-1151887</div><div>Applied For <input type="checkbox"/> Not Applicable</div></div> <div>5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</div>	
DO NOT WRITE IN THIS SPACE			
6. Name and Address of Current Registered Agent NUNEZ, ALEJANDRO ESQ 250 GIRALDA AVENUE CORAL GABLES, FL 33134		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. EXEMPTION TO CORPORATE REPORT <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		<div style="text-align: right;">U000000113738 04/15/04-80022-003 150.00</div> <div style="text-align: center; font-size: 24px; font-weight: bold;">DO NOT WRITE IN THIS SPACE</div>	
TITLE	PT		
NAME	SOUZA, LUIS MIGUEL		
STREET ADDRESS	7329 NW 36 ST		
CITY- ST- ZIP	MIAMI, FL 33166		
TITLE	VS		
NAME	RODRIGUEZ, ALFREDO F		
STREET ADDRESS	7329 NW 36 ST		
CITY- ST- ZIP	MIAMI, FL 33166		
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
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CITY- ST- ZIP			
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<div style="display: flex; justify-content: space-between;">4/13/04305 5944355</div> <div style="display: flex; justify-content: space-between;"><small>Date</small><small>Daytime Phone #</small></div>	