## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000088787

Entity Name: FAMIPLAY S.A. CORP.

Address:

City-St-Zip:

2875 N.E. 191ST STREET #801

AVENTURA, FL 33180

FILED Jan 31, 2008 Secretary of State

Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
	191ST STREE RA, FL 33180	T #801			
Current Mailing Address:			New Mailing Address:		
2875 N.E. 191ST STREET #801 AVENTURA, FL 33180			2875 N.E. 191ST STREET #801 801 AVENTURA, FL 33180		
FEI Number	: 51-0426460	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Addres	Name and Address of New Registered Agent:	
TURNBEF 2875 N.E. AVENTUR		SUITE 801 ET US	ourpose of changing its registe	ered office or registered agent, or both,	
	e of Florida. 				
SIGNATU		nic Signature of Registered Age	nt .	 Date	
Election Car		g Trust Fund Contribution ( ).	5111.	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	GERCOVICH, F	ST STREET #801	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ALICIA SONIA	Delete SUTTON, DE GERCOVICH ST STREET #801 . 33180	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	GERCOVICH, N	ST STREET #801	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	GERCOVICH, I	ST STREET #801	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	D (X GERCOVICH, N	) Delete NICOLAS	Title: Name:	( ) Change ( ) Addition	

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.

Address:

City-St-Zip:

SIGNATURE: GUSTAVO GERCOVICH D 01/31/2008