

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2005 8:00 am
Secretary of State

05-09-2005 90292 007 ***150.00

DOCUMENT # P03000013750

1. Entity Name
GEORGE'S BILLIARDS, INC.



Principal Place of Business
**1200 CLINT MOORE ROAD
STE 5
BOCA RATON, FL 33487 US**

Mailing Address
**1200 CLINT MOORE ROAD
STE 5
BOCA RATON, FL 33487 US**

50050844

2. Principal Place of Business

140 N Congress Ave
Suite, Apt. #, etc.

3. Mailing Address

140 N Congress Ave
Suite, Apt. #, etc.



04112005 Chg-P CR2E034 (10/03)

City & State

Boynton Beach

City & State

Boynton Beach FL

4. FEI Number
43-1997815

Applied For
Not Applicable

Zip

FL

Country

Palm Bch

Zip

33426

Country

Palm Beach

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**VITTINI, HORACIO J
1200 CLINT MOORE ROAD
STE 5
BOCA RATON, FL 33487**

7. Name and Address of New Registered Agent

Name **VITTINI, HORACIO J**

Street Address (P.O. Box Number is Not Acceptable)
140 N Congress Ave

City **Boynton Beach FL** Zip Code **33426**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **VITTINI, HORACIO J**
STREET ADDRESS **1200 CLINT MOORE ROAD, STE 5**
CITY-ST-ZIP **BOCA RATON, FL 33487**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **140 N Congress Ave**
CITY-ST-ZIP **Boynton Beach, FL 33426** **50%**

TITLE ☐ Change ☒ Addition
NAME **VP Adelina Vittini**
STREET ADDRESS **140 N Congress Ave**
CITY-ST-ZIP **Boynton Beach, FL 33426** **50%**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-05 561-735-7802

Date

Daytime Phone #