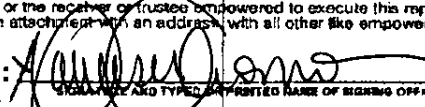


FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90029 029 ***150.00

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P03000045255			
1. Entity Name SHOWTIME VIDEOS & GAMES, INC.			
Principal Place of Business 16243 S.W. N. KENDALL DR. MIAMI, FL 33196		Mailing Address 16243 S.W. N. KENDALL DR. MIAMI, FL 33196	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 2631 W 76 St	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Hialeah	
Zip	Country	Zip FL	Country USA
4. FEI Number 30-0173912		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COLLADO, LUISA 900 N.W. 39TH AVE. MIAMI, FL 33126		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 requesting) Signature, typed or printed name of registered agent and date if applicable DATE			
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PSTD COLLADO, LUISA 900 N.W. 39TH AVE. MIAMI, FL 33126	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	☐ Change ☐ Addition
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: 		10/03/07 305-383-8815	
TYPED AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Type Daytime Phone #	

40051696



04032007 Chg-P CR2E034 (12/06)