

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90023 032 \*\*\*150.00

**DOCUMENT # P03000098659**

1. Entity Name

SPINNERS ARCADE III, INC.



Principal Place of Business

P.O. BOX 840009  
HOLLYWOOD FL 33084

Mailing Address

P.O. BOX 840009  
HOLLYWOOD FL 33084

2. Principal Place of Business

4900 LINTON BLVD

Suite, Apt. #, etc.  
Bay 31

City & State

Delray Beach, Florida

Zip

33445

Country

USA

3. Mailing Address

4900 LINTON BLVD.

Suite, Apt. #, etc.  
Bay 31

City & State

Delray Beach, Florida

Zip

33445

Country

USA



MOORE

CR2E034 (11/03)

4. FEI Number

20-0214161

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

TRAGER, ROSS  
1000 NORTH HIATUS ROAD  
PEMBROKE PINES FL 33026

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

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, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	CATALADO, CHRISTOPHER	
STREET ADDRESS	1000 NORTH HIATUS ROAD	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D / President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CATALADO, CHRISTOPHER	
STREET ADDRESS	6890 STIRLING RD	
CITY-ST-ZIP	DAVIE, FLORIDA, 33024	
TITLE	D / Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAILEY, JOHN	
STREET ADDRESS	6890 STIRLING RD.	
CITY-ST-ZIP	DAVIE, FLORIDA 33024	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*John Bailey* John Bailey 2-11-04 954-966-9971

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #