


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 12, 2007 8:00 am**  
**Secretary of State**

07-12-2007 90054 006 \*\*\*150.00

<b>DOCUMENT # P03000146893</b> 1. Entity Name <b>GUMBALL MACHINE WAREHOUSE, INC.</b>					
Principal Place of Business <b>1690 NE 205TH TERRACE</b> <b>MIAMI, FL 33179 US</b>			Mailing Address <b>1690 NE 205TH TERRACE</b> <b>MIAMI, FL 33179 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>ALAME, AMER</b> <b>16900 N BAY RD</b> <b>1003</b> <b>SUNNY ISLES, FL 33160</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO <b>ALAME, AMER</b> <input checked="" type="checkbox"/> Delete <b>16900 N BAY RD, 1003</b> <b>SUNNY ISLES, FL 33179</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO <i>Alame, Amer</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>1690 NE 205 terr</i> <i>Miami FL 33179</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO <b>ALAME, ALLAN</b> <input checked="" type="checkbox"/> Delete <b>16900 N BAY RD, 1003</b> <b>SUNNY ISLES, FL 33179</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO <i>Alame, Allan</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>1690 NE 205 terr</i> <i>Miami, FL 33179</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b> <i>Amer Alame</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <i>7/12/07</i> Time: <i>305 65/ 3/31</i>		