2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State
04-19-2007 90412 021 ***150.00

DOCUMENT # P04000081186

1. Entity Name
VEGAS STYLE ARCADE, INC.

Principal Place of Business
7149 S. US HWY ONE
PORT ST. LUCIE, FL 34952

Mailing Address
7149 S. US HWY ONE
PORT ST. LUCIE, FL 34952

2. Principal Place of Business No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

04082007 Chg-P CR2E034 (12/06)

4. FEI Number 37-1490677 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHAFENBERG, RICHARD
7149 S. US HWY. ONE
PORT ST. LUCIE, FL 34952

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 ____

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

TITLE	P	☒ Delete
NAME	SCHAFENBERG, RICHARD	
STREET ADDRESS	7149 S. US HWY. ONE	
CITY ST ZIP	PORT ST. LUCIE, FL 34952	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Add
TITLE	P	☐ Change ☒ Add
NAME	KENYON, ~~LAURIE~~ LORI	
STREET ADDRESS	4512 Wayne Road	
CITY ST ZIP	Corona Del Mar, CA 92625	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Add

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: [signature] Lori C Kenyon 4/17/07 7143374298

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR