2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 02, 2005 8:00 am
Secretary of State
07-25-2005 90095 026 ***163.75

DOCUMENT # P04000132305

1. Entity Name
W.T. AMUSEMENT MACHINES, CORP.

Principal Place of Business	Mailing Address
6073 NW 167TH ST STE C-7 MIAMI FL 33015	6073 NW 167TH ST STE C-7 MIAMI FL 33015

1st MOORE CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address
6073 N.W. 167 TH STREET	6073 N.W. 167 TH STREET
Suite, Apt. #, etc.: C-7	Suite, Apt. #, etc.: C-7
City & State: MIAMI, FLORIDA	City & State: MIAMI, FLORIDA
Zip: 33015 Country: USA	Zip: 33015 Country: USA

4. FEI Number: 20-1653422 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ROMERO, EFRAIN
6073 NW 167TH ST STE C-7
MIAMI FL 33015

7. Name and Address of New Registered Agent

Name: EFRAIN ROMERO
Street Address (P.O. Box Number is Not Acceptable): 6073 N.W. 167TH STREET - C-7
City: MIAMI FL Zip Code: 33015

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] 7-18-05
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
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: DP NAME: ROMERO, EFRAIN G. STREET ADDRESS: 6073 NW 167TH ST STE C-7 CITY-ST-ZIP: MIAMI FL 33015	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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] EFRAIN ROMERO 7-18-05 (305)336-1086
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT
P04000132305
L11000268290
8-29-05

TO: MADAM LLENDA E. HOOD

SECRETARY OF THE STATE OF FLORIDA

DEAR MADAM :

THE PRESENT LETTER IS FOR PLEED TO YOU, EXCUSEME FOR SENT LATE THE FEE TO FILE THE ANUAL REPORT, BECAUSE AFTER I GOT THE HEART SURGERY, (AS YOU CAN SEE IN PHOTOS), I AM VERY WEAK AND I HAVE MANY PROBLEMS TO MOVE THE VIDEO GAMES AMUSEMENT MACHINES FROM ONE PLACE TO OTHER.

VERY TRULY YOURS

EFRAIN G. ROMERO
W.T. AMUSEMENT MACHINES

ATTACHMENT
P04000132305
06026828