

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90077 041 ***150.00

DOCUMENT # P04000172652

1. Entity Name
GOT GAME OF MIAMI INC.



Principal Place of Business
14860 SW 144 TERRACE
MIAMI, FL 33196 US

Mailing Address
14860 SW 144 TERRACE
MIAMI, FL 33196 US

DO NOT WRITE IN THIS SPACE



01232006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-2131290

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FINE & LICITRA, LLP
2833 PONCE DE LEON BOULEVARD
SUITE 303
CORAL GABLES, FL 33134

**DO NOT WRITE
IN THIS SPACE**

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 renewing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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
NAME	WEISSMAN, DARREN
STREET ADDRESS	14860 SW 144 TERRACE
CITY - ST - ZIP	MIAMI, FL 33196
TITLE	VP
NAME	WEISSMAN, SAUL
STREET ADDRESS	14860 SW 144 TERRACE
CITY - ST - ZIP	MIAMI, FL 33196
TITLE	S
NAME	WEISSMAN, DARREN
STREET ADDRESS	14860 SW 144 TERRACE
CITY - ST - ZIP	MIAMI, FL 33196
TITLE	T
NAME	WEISSMAN, DARREN
STREET ADDRESS	14860 SW 144 TERRACE
CITY - ST - ZIP	MIAMI, FL 33196
TITLE	D
NAME	WEISSMAN, DARREN
STREET ADDRESS	14860 SW 144 TERRACE
CITY - ST - ZIP	MIAMI, FL 33196
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Darren Weissman 1/30/06 786-285-0455