

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2008 08:00 A
Secretary of State

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



01242008 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
2333 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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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

000000807963
02/07/08-80029-013 150.00

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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: Saul Weissman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/26/08

305-252-0022