

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 11, 2006 8:00 am**  
**Secretary of State**

09-11-2006 90005 045 \*\*\*150.00

**DOCUMENT # P05000102032**

1. Entity Name  
**MASTERMIND AMUSEMENT, INC.**



Principal Place of Business  
**300 SOUTH POINT DRIVE  
#1605  
MIAMI BEACH, FL 33139**

Mailing Address  
**300 SOUTH POINT DRIVE  
#1605  
MIAMI BEACH, FL 33139**

2. Principal Place of Business  
**SAME AS ABOVE**

3. Mailing Address  
**SAME AS ABOVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06012006

Chg-P

CR2E034 (11/05)

4. FEI Number

**20-50452331**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

## 6. Name and Address of Current Registered Agent

**SANCHEZ, SAMUEL  
300 SOUTH POINT DR.  
#1605  
MIAMI BEACH, FL 33139**

## 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

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  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **SANCHEZ, SAMUEL**  
STREET ADDRESS **300 SOUTH POINT DRIVE #1605**  
CITY-ST-ZIP **MIAMI BEACH, FL 33139**

TITLE **VP** ☒ Delete  
NAME **BALDWIN, JULIA DR.**  
STREET ADDRESS **300 SOUTH POINT DRIVE #1605**  
CITY-ST-ZIP **MIAMI BEACH, FL 33138**

TITLE **SEC** ☒ Delete  
NAME **BALDWIN, JULIA DR.**  
STREET ADDRESS **300 SOUTH POINT DRIVE #1605**  
CITY-ST-ZIP **MIAMI BEACH, FL 33139**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

**X Samuel Sanchez**