FROM :LAZARUS FAX NO. :3052201440 Sep. 12 2008 01:24PM P1

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
08 SEP 18 PM 3:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000106039

1. Entity Name
AMUSEMENT & ENTERTAINMENT CENTER CORP.

Principal Place of Business	Mailing Address
1140 W. 25TH ST., SUITE 01 HIALEAH, FL 33012	1140 W. 25TH ST., SUITE 01 HIALEAH, FL 33012

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
6904 NW 169 STREET	6904 NW 169 STREET
Suite, Apt. # etc. APT. F	Suite, Apt. # etc. APT F
City & State MIAMI LAKES FL	City & State MIAMI LAKES, FL
Zip 33015 Country U.S.A.	Zip 33015 Country U.S.A.

4. FEI Number: APPLIED FOR ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

AVILA, ROBERTO
1140 W. 25TH ST., SUITE 01
HIALEAH, FL 33012

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 12, 2008

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FRAU, ROBERTO A	NAME	
STREET ADDRESS	1140 W. 25TH ST., SUITE 01	STREET ADDRESS	
CITY-ST-ZIP	HIALEAH, FL 33012	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	500136517455 10/01/08--01017--017 **150.00
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: 09/17/2008 305-8221961
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #