

FROM : LAZARUS

FAX NO. : 3052201440

Jul. 09 2008 01:17PM P1

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

08 JUL 21 PM 4:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000142771 Entity Name AMUSEMENT & POOL ENTERTAINMENT INC.					
Principal Place of Business 7008 CROWN GATE CT MIAMI LAKES, FL 33014			Mailing Address 7008 CROWN GATE CT MIAMI LAKES, FL 33014		
Principal Place of Business No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number APPLIED FOR	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent COLINA, BARBARO 7008 CROWN GATE CT MIAMI LAKES, FL 33014				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
(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 _____ (NOTE: Registered Agent signature required when nonexisting) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		8. 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 NAME STREET ADDRESS CITY-STATE-ZIP	DP COLINA, BARBARO 7008 CROWN GATE CT MIAMI LAKES, FL 33014		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition 800133811678 07/31/08--01015--011 **150.00	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	

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

07-18-08
Date

Daytime Phone #