

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90999 046 \*\*\*150.00

**DOCUMENT # P93000020290**

1. Entity Name  
**FLAGSHIP GAMES INTERNATIONAL, INC.**



Principal Place of Business

**3401 N 29TH AVENUE  
SUITE 101  
HOLLYWOOD, FL 33020 US**

Mailing Address

**2 SOUTH DISCAYNE BLVD 269 Giralda  
STE 3400 201 Ave.  
MIAMI, FL 33131 US  
Coral Gables, FL 33134**



01232004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**65-0178242**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**GREENE, MICHAEL S Transcorporate Services Inc.  
2 SOUTH DISCAYNE BLVD 269 Giralda Ave.  
STE 3400 Suite 201  
MIAMI, FL 33131 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.

**President, Transcorporate Services Inc. 4/29/04**

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	BRADLEY, EDWARD G
STREET ADDRESS	3401 N 29TH AVE, SUITE 101
CITY - ST - ZIP	HOLLYWOOD, FL
TITLE	DVS
NAME	BONNIE J VANGALIS
STREET ADDRESS	13330 NW 7TH ST 935 NW 130 TERRACE
CITY - ST - ZIP	PLANTATION, FL 33325 SUNRISE FL 33325
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

**E.G. Bradley**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/01/04**

Date

**954-920-3405**

Daytime Phone #