2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # V07430

1. Entity Name
BIG JOHN AMUSEMENT CORPORATION

Principal Place of Business	Mailing Address
1958 NE 148 ST N MIAMI, FL	1958 NE 148 ST N MIAMI, FL

DO NOT WRITE IN THIS SPACE

02022006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0308945	Not Applicable

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

6. Name and Address of Current Registered Agent

MARQUEZ, JOHN G
1958 NE 148 STREET
N MIAMI, FL 33179

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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, 2006 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	MARQUEZ, JOHN G.
STREET ADDRESS	1958 NE 148 ST
CITY-ST-ZIP	N MIAMI, FL

TITLE	TD
NAME	MARQUEZ, MICHAEL G
STREET ADDRESS	1958 NE 148 ST
CITY-ST-ZIP	MIAMI, FL 33179

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/29/06-80037-002 150.00

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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   2/20/06   (305) 992-6779
   Date   Daytime Phone #