

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2008 8:00 am**  
**Secretary of State**

04-02-2008 90030 005 \*\*\*150.00

**DOCUMENT # V14573**

1. Entity Name  
**SHOOTERS BILLIARDS, INC.**



Principal Place of Business

**7200 SW 117 AVE.  
MIAMI, FL 33183**

Mailing Address

**7200 SW 117 AVE.  
MIAMI, FL 33183**

2. 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

03282008

Chg-P

CR2E034 (12/06)

4. FEI Number

**65-0331225**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PENNA, JOSEPH ANTHONY  
22705 SW 182 AVE.  
MIAMI, FL 33170**

Name

Street Address (P.O. Box Number is Not Acceptable)

**7200 SW 117 AVE**

City

**Miami**

**FL**

Zip Code

**33183**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME PENNA, JOSEPH ANTHONY  
STREET ADDRESS 22705 SW 182 AVE.  
CITY - ST - ZIP MIAMI, FL 33170

TITLE TSD ☐ Delete  
NAME SALSTEIN, ABRAHAM  
STREET ADDRESS 7800 SW 132 ST.  
CITY - ST - ZIP MIAMI, FL 33156

TITLE VD ☐ Delete  
NAME SALSTEIN, HOWARD  
STREET ADDRESS 13821 SW 108 AVE.  
CITY - ST - ZIP MIAMI, FL 33176

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 **19111 Collins Ave #762**  
CITY - ST - ZIP **Sunny Isles FL 33160**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3-30-08**