## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000138082

Entity Name: ELIZABETH TOYS, INC.

City-St-Zip:

CORAL GABLES, FL 33146

FILED Apr 11, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 5915 PONCE DE LEON BLVD CORAL GABLES, FL 33146 **New Mailing Address: Current Mailing Address:** 5915 PONCE DE LEON BLVD CORAL GABLES, FL 33146 FEI Number: 57-1213026 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CALDWELL, FRANK E MATTA, GUILLERMO A 5915 PONCE DE LEON BLVD 5915 PONCE DE LEON BLVD CORAL GABLES, FL 33146 US CORAL GABLES, FL 33146 US 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. SIGNATURE: GUILLERMO MATTA 04/11/2006 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition MATTA, GUILLERMO A Name: Name: 5915 PONCE DE LEON BLVD Address: Address: City-St-Zip: CORAL GABLES, FL 33146 City-St-Zip: ( ) Delete Title: Title: (X) Change ( ) Addition Name: CALDWELL, FRANK E Name: MATTA, JOSE C 5915 PONCE DE LEON BLVD 5915 PONCE DE LEON BLVD Address: Address: CORAL GABLES, FL 33146 CORAL GABLES, FL 33146 City-St-Zip: City-St-Zip: Title: (X) Delete Title: DT () Change () Addition MATTA, JOSE C Name: Name: 5915 PONCE DE LEON BLVD Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

Ρ SIGNATURE: GUILLERMO MATTA 04/11/2006