## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 02, 2005 08:00 AM Secretary of State

DOCUMENT # S10979  1. Entity Name EL PALACIO DE LOS JUGUETES, INC.					Secr	etary of State
Principal Plac 1702 W 68 S HIALEAH, FL			Mailing Address 1702 W 68 ST HIALEAH, FL 33014		 	INT COUNTED TO THE CONTROL OF SEAL
	O NOT	WRITE	IN THIS SPA	VGE	01052005 No Chg-P CF 4. FEI Number 65-0231796	22E034 (10/03)  Applied For  Not Applicable
	6. Name and A	ddress of Current Re	gistered Agent	_	5. Certificate of Status Desired	\$9.75 Additional
	2 ST FL 33016 -	٠	· · · · · · · · · · · · · · · · · · ·		DO NOT WRI	<b>SE</b>
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						
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  Signature, typed or printed name of registered agent and life if explicable. (NOTE: Registered Agent signature required when reinstating)  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees						
10.		OFFICERS AND DI	RECTORS	di livi avingga a	Land of the land o	Land to the state of the state
Title Name Street Aodress City-St-Zip	PVST MAYA, LUIS 2796 W 72 ST HIALEAH, FL				160000025 04/02/05-80	339 341-011 150.00
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12. I hereby certify that the information subplied 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 supplementance port is the and securate 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 received 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 which an abstract with all other like empowered.						
SIGNATURE: SIGNATURE AND TYPED ON AFIRTED NAME OF SIGNING OFFICER OR DIRECTOR Date Days me Phone #						