2006 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED Apr 11, 2006 08:00 AM Secretary of State

DOCUMENT #	\$10979		

1. Entity Name

EL PALACIO DE LOS JUGUETES, INC.



Principal Place of Business

1702 W 68 ST HIALEAH, FL 33014 Malling Address

1702 W 68 ST HIALEAH, FL 33014



04052006

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0231796

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

MAYA, LUIS 2796 W 72 ST HIALEAH, FL 33016

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The above named entity submits this statement for the purpose of cha	inging its registered office or registered agent, or be	oth, in the State	: of Fforida. I am familiar with	r and accept
the obligations of registered agent.		1		
		- {		
SIGNATURE				
Signature, typed or printed name of registered agent and title if applicable.	[NOTE: Registered Agent algorithm required when reinstating]	, -	DATE	

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9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS PVST TITLE MAYA, LUIS NAME 2796 W 72 ST STREET ADDRESS CUY-SI-ZP HIALEAH, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS ESTY-ST-JP TITLE NAME STREET ADDRESS CITY-ST-ZIP 7(T) F NAME STREET ADDRESS CITY-ST-ZP NAME STREET ADDRESS CHY-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 supplied earlier poor 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 of the receiver trifustee impowered 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 attachnical with all other like empowered.

SIGNATURE: 2

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR