

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 850631**

1. Entity Name  
**CARDINAL TEEN TOY, INC.**



Principal Place of Business  
**3766 NW 16TH ST  
LAUDERHILL, FL 33311 US**

Mailing Address  
**3766 NW 16TH ST  
LAUDERHILL, FL 33311 US**



01072006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**11-2019657**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**ALLWEISS, SHELDON  
3766 NW 16TH ST  
LAUDERHILL, FL 33311**

**DO NOT WRITE  
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 resigning)

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
RUBIN, FLORENCE  
1201 S. OCEAN DR.  
HOLLYWOOD, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
ALLWEISS, MARILYN  
11107 SW 15 MANOR  
DAVIE, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
ALLWEISS, SHELDON  
11107 SW 15 MANOR  
DAVIE, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11000000-883652  
01/13/06-80008-021 150.00

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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**

Date

Daytime Phone #