

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F05000007404

1. Entity Name

HASBRO LATIN AMERICA, INC.



Principal Place of Business

1027 NEWPORT AVENUE
PAWTUCKET, RI 02862

Mailing Address

1027 NEWPORT AVENUE
PAWTUCKET, RI 02862

2007 JUL 25 PM 12:13

SECRETARY OF STATE
TALLAHASSEE FLORIDA



07092007 No Chg-P CR2E034 (11/05)

4. FEI Number

05-0492120

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	CP
NAME	VERRECCHIA, ALFRED J
STREET ADDRESS	1011 NEWPORT AVENUE
CITY - ST - ZIP	PAWTUCKET, RI 02862
TITLE	EVP
NAME	GOLDNER, BRIAN
STREET ADDRESS	1011 NEWPORT AVENUE
CITY - ST - ZIP	PAWTUCKET, RI 02862
TITLE	VPS
NAME	NAGLER, BARRY
STREET ADDRESS	1011 NEWPORT AVENUE
CITY - ST - ZIP	PAWTUCKET, RI 02862
TITLE	VP
NAME	HARGREAVES, DAVID D.R.
STREET ADDRESS	1011 NEWPORT AVENUE
CITY - ST - ZIP	PAWTUCKET, RI 02862
TITLE	VPT
NAME	TREUB, MARTIN R
STREET ADDRESS	200 NARRAGANSETT PARK DRIVE
CITY - ST - ZIP	PAWTUCKET, RI 02862
TITLE	VPC
NAME	THOMAS SLATER, DEBORAH
STREET ADDRESS	200 NARRAGANSETT PARK DRIVE
CITY - ST - ZIP	PAWTUCKET, RI 02862

300107464333
08/07/07--01051--024 **150.00

DO NOT WRITE
IN THIS SPACE

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 #