
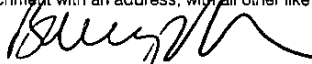


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

150.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JUL -5 AM 11:03

<b>DOCUMENT # F98000001863</b>					
1. Entity Name HASBRO LATIN AMERICA HOLDINGS, INC.					
Principal Place of Business 1027 NEWPORT AVENUE PAWTUCKET, RI 02862		Mailing Address C/O CULLEN, HASBRO 1027 NEWPORT AVENUE PAWTUCKET, RI 02862			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		05092005 Chg-P CR2E034 (10/03)	
Zip		Country		4. FEI Number 05-0497536	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VERRECCHIA, ALFRED J		NAME		
STREET ADDRESS	1011 NEWPORT AVE.		STREET ADDRESS		
CITY-ST-ZIP	PAWTUCKET, RI 02862		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NAGLER, BARRY		NAME		
STREET ADDRESS	1027 NEWPORT AVE.		STREET ADDRESS		
CITY-ST-ZIP	PAWTUCKET, RI 02862		CITY-ST-ZIP		
TITLE	VPCS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NAGLER, BARRY		NAME		
STREET ADDRESS	1011 NEWPORT AVE.		STREET ADDRESS		
CITY-ST-ZIP	PAWTUCKET, RI 02862		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WILSON, E. D		NAME		
STREET ADDRESS	1011 NEWPORT AVENUE		STREET ADDRESS		
CITY-ST-ZIP	PAWTUCKET, RI 02862		CITY-ST-ZIP		
TITLE	EVP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VERRECHEA, ALFRED J		NAME		
STREET ADDRESS	1011 NEWPORT AVENUE		STREET ADDRESS		
CITY-ST-ZIP	PAWTUCKET, RI 02862		CITY-ST-ZIP		
TITLE	SVCF	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HARGREAVES, DAVID DR		NAME		
STREET ADDRESS	1011 NEWPORT AVENUE		STREET ADDRESS		
CITY-ST-ZIP	PAWTUCKET, RI 02862		CITY-ST-ZIP		
12. I hereby certify that the information supplied 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 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: 			5/9/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
Barry Nagler, Sr. VP, General Counsel					
and Secretary					



05092005 Chg-P CR2E034 (10/03)

4. FEI Number  
05-0497536

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

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
FL Zip Code

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.

300057423713  
07/13/05--01054--003 \*\*750.00

TITLE  Change  Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  Change  Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  Change  Addition

NAME

STREET ADDRESS

CITY-ST-ZIP