第00条 UNIFORM BUSINESS REPORT (UBR)

	& UNIFORM BUSI	NESS REPO	RT	(UB	R)			FILE		_	
DOCUMENT # J87618 1. Entity Name GENYA TOYS & GIFTS, INC.						Apr 27, 2001 8:00 am Secretary of State 04-27-2001 90254 005 ***150.00					
		Mailing Address 19600 NORTHEAST 10TH AVENUE C/O NEMTSEV MIAMI F 33179 US				e.					
2. Principal I	Place of Business	3. Mailing Address									
203 4 <i>3</i> Suite, Apt		Suite, Apt. #, etc.				1 1001111	(,	VRITE IN TH	******	, ·	
City & Sta	te	City & State			4.	4. FEI Number - 65-0006392 Applied For					7
M iam Zip	Country /	Zip Country					<u> </u>		\$8.75 Add	ot Applicable	7
331	6. Name and Address of Current F	egistered Agent	- 				of Status Desire		Fee Require		_
154		egisiered Agent		Name	IRI		IEMTSE				1
1010	ne, John) South Ocean Blvd.		Ì	Street Address (P.O. Box Number is Not Acceptable)							1
	e 808 Pano Beach Fl 33602	<u>~</u>			wite 505						1
1011	TANO BENOTITE GOODE		ŀ	City A	ventu	ra		F	L Zip Cod	n	
8. The above	named entity submits this statement for	the purpose of changing its	registere	d office o	registered a	agent, or bo	th, in the State o	Florida.		<u> </u>	1
SIGNATURE	Lima Plember. Signature, typed or printed name of registered again an	Sy (Irina Ne) d titoli applicable. (NOTE	n/sev Registeréd	ESQ.	ure required when	reinstating)		04-	20-01]
Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Stat			50.00	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees					
11.	OFFICERS AND D		12.			DDITIONS	CHANGES TO C	FFICERS A			┥ ┤.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Delete MEMTSEV, GENYA 739 NE 164 TERR. MIAMI FL			T ADDRES\$ St-zip	PD NEMT 19800 North A	SEV, N N.E. I Uilimi	nax o Avenu Beach, Fl	e L 331	⊠'Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS	-			h	Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	and the second	☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS	. ,	 			Change .	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP		· ·		. <u>.</u> .	☐ Change	Addition	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	÷	□ Delete	TITLE NAME STREET CITY-S	r address St-zip					☐ Change	☐ Addition	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS (···	☐ Change	☐ Addition	
of the cor	certify that the information supplied with the on this report or supplemental report is to poration or the receiver or trustee empower on an attachment with an address, with	rue and accurate and that my rered to execute this report a	v sionatu	re shall h	ave the same	a legal effec	t as if mada und	er nath: that	I am an officer.	or director "	1

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: