## FILED May 29, 2007 8:00 am Secretary of State 05-02-2007 90346 040 \*\*\*\*50.00

5.

## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000062282						03-02-2007 303-00 0-10 30.00
1. Entity Name DREAM TOYS COLLECTION, LLC						
· 2000						'
Principal Plac	e of Busines	i\$	Mailing Address			30009063
3403 NORTI	HWEST 82 A	VENUE	3403 NORTHWEST 82 AVENUE 105			
DORAL, FL 3	33122 📝		DORAL, FL 33122		:	t (RANKET OUT TOUR BEN DEM) DATH DOWN DERD BEND HAVE NEUTSERN WILLES HE (BRE)
2. Principal P	lace of Busin	ness - No P.O. Box #	3. Mailing Address PO Box: 560040		0040	
Suite, Apt. #, etc.			Suite. Apt. #, etc.			04292007 Chg-LLC CR2E083 (12/06)
City & State			MIAMI FL		,	4. FELNumber Applied For Not Applicable  Not Applicable
Zip		Country	332.56	Coun	try	Certificate of Status Desired     S. Certificate of Status Desired     Sequired     Sequired
	6. Name	and Address of Current (	<del> </del>	<del></del>	<del>[</del>	7. Name and Address of New Registered Agent
ROCA GONZALEZ, P.A.					Name	
		HORE DRIVE	:		Street Address	(P.O. Box Number is Not Acceptable)
MIAMI, FL	33133					
					City	FL Zip Code
8. The above	named entit	ly submits this statement for	the purpose of changing its	register	I ed office or registe	ared agent, or both, in the State of Florida. I am familiar with, and accept
the obligations of registered agant.						
SIGNATURE Signature, typed or printed name of registered agent and tale if applicable. (NOTE: Registered Agent algosture required when reinstating)  DATE						
::::: Fi	iling Fee i ue by Ma	is \$50.00 y 1, 2007		. ***	. 15.	Make check payable to Florida Department of State
ine v		MANAGING MEMBE		. 10.		ADDITIONS/CHANGES
TITLE	MGRM PEREZ, J	IULIO C	☐ Delete	TITLE NAME		☐ Change ☐ Addillon
STREET ADDRESS 3403 NORTHWEST 82 AVENUE, SU CITY-ST-2P DORAL, FL 33122			, SUITE 105	STRE	ET ADORESS -SI-ZIP	
TITLE		<u>-</u>	☐ Delete	TITLE		☐ Crange ☐ Addition
NAME STREET ADDRESS				MAKE	- 1	
CITY-ST-ZIP	1				ET ADDRESS - ST-ZIP	
TITLE			Ocieta	TITLE	i i	☐ Change ☐ Addition
STREET ADDRESS	ŀ			NAM STRE	E ET ADDRESS	- 2
CITY-ST-ZIP					- ST-ZIP	
-1815			Oelete -	TITLE		Change (Addition
STREET ADDRESS	i			NAME STRE	E Et address	
C(1Y-51-Z)P					- ST - ZIP	
TITLE			☐ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP					-SI - ZIP	
TITLE	· · · · · ·	• • • •	□ Oelete	- TITLE	II	Change Addition
STREET ADDRESS	•			MAME STRE	ET ADDRESS	the second second
CITY-ST-ZIP				CITY	- ST - ZI#	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutas. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under early, that I am a managing member or manager of the limited liability company or the company or the composition of the company or the composition of the compositio						
limited lia	bility compa	ny or the receiver or yustee	empowered to execute this	report as	required by Chap	ster 608, Florida Statutes.
0.0				Tr	Posa	1- 43000 305 424 8024
SIGNATURE: SIGNATURE AND TYTES OR PRINTED VAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daysing Phone 4						