

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000049338

Entity Name: TRAVEL AND PLAY LLC

FILED
Apr 23, 2009
Secretary of State

Current Principal Place of Business:

1221 NW 165TH STREET
MIAMI, FL 33169 US

New Principal Place of Business:

1221 NW 165 STREET
MIAMI, FL 33169 US

Current Mailing Address:

1221 NW 165TH STREET
MIAMI, FL 33169 US

New Mailing Address:

1221 NW 165 STREET
MIAMI, FL 33169 US

FEI Number: 26-2634184

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALEXANDER, JOHN
1221 NW 165TH STREET
MIAMI, FL 33169 US

Name and Address of New Registered Agent:

ALEXANDER, JOHN
1221 NW 165 STREET
MIAMI, FL 33169 US

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.

SIGNATURE: JOHN ALEXANDER

04/23/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CTI INTERNATIONAL GROUP, INC.
Address: 1221 NW 165TH STREET
City-St-Zip: MIAMI, FL 33169 US

Title: MGR () Delete
Name: CREATIVE PLAY INTERNATIONAL CORP.
Address: 8401 NW 53RD TERRACE, MACON BLDG, #119
City-St-Zip: DORAL, FL 33166 US

Title: MGRM () Delete
Name: ALEXANDER, JOHN
Address: 1221 NW 165TH STREET
City-St-Zip: MIAMI, FL 33169 US

Title: MGRM () Delete
Name: DAGER, RICARDO
Address: 8401 NW 53RD TERRACE, MACON BLDG, #119
City-St-Zip: DORAL, FL 33166 US

Title: MGRM () Delete
Name: GARCIA, VICTOR H
Address: 1221 NW 165TH STREER
City-St-Zip: MIAMI, FL 33169 US

Title: MGRM () Delete
Name: VIVACQUA, FABIANO JR
Address: 1221 NW 165TH STREET
City-St-Zip: MIAMI, FL 33169 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JOHN ALEXANDER

MGRM

04/23/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date