

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90025 036 ***150.00

DOCUMENT # M45223

1. Entity Name

MIAMIANTIQUE TOY, DOLL & COLLECTABLES SHOW,
INC.



Principal Place of Business

4649 PONCE DE LEON BLVD.
SUITE 401
CORAL GABLES, FL 33146

Mailing Address

4649 PONCE DE LEON BLVD.
SUITE 401
CORAL GABLES, FL 33146

40040739



03122007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2799033

Applied For

Not Applicable

5. Certificate of Status Des ☒ Fee Required

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRABOSKI, TOM
4649 PONCE DE LEON BLVD.
SUITE 401
CORAL GABLES, FL 33146

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office to the State of Florida, of which it is familiar with, the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when re

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME GRABOSKI, TOM
STREET ADDRESS 4649 PONCE DE LEON BLVD.
CITY-ST-ZIP CORAL GABLES, FL 33146

TITLE D
NAME FULLER, STEVE
STREET ADDRESS 4649 PONCE DE LEON BLVD.
CITY-ST-ZIP CORAL GABLES, FL 33146

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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 13, Florida Statutes, and that the information indicated on this report or supplemental report is true and accurate and that my signature shall make me liable as an officer or of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 60, Florida Statutes, and that I have not 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

THOMAS W. GRABOSKI

3/12/07

Date

305-669-2532

Daytime Phone #