

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M45223

**FILED**  
**Jan 25, 2011**  
**Secretary of State**

**Entity Name:** MIAMI ANTIQUE TOY, DOLL & COLLECTABLES SHOW, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 59-2799033

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: GRABOSKI, TOM  
Address: 4649 PONCE DE LEON BLVD.  
City-St-Zip: CORAL GABLES, FL 33146

Title: D  
Name: FULLER, STEVE  
Address: 4649 PONCE DE LEON BLVD.  
City-St-Zip: CORAL GABLES, FL 33146

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: TOM GRABOSKI

D

01/25/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date