2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P01000034666

1. Entity Name
PLAYTIME PARTIES, INC.

Principal Place of Business	Mailing Address
15476 NW 77TH CT., #287 MIAMI LAKES, FL 33016	15476 NW 77TH CT., #287 MIAMI LAKES, FL 33016

DO NOT WRITE IN THIS SPACE

04162004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-1150507	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CONCEPCION, MARIBEL
15476 NW 77TH CT., #287
MIAMI LAKES, FL 33016

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IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE_____
Signature, typed or printed name of registered agent and title if applicable   (NOTE. Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2004 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	I100000123737 04/22/04--80016-021 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CONCEPCION, MARIBEL
STREET ADDRESS	15476 NW 77TH CT., #287
CITY-ST-ZIP	MIAMI LAKES, FL 33016

TITLE	
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CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _Maribel Concepcion_   _April 7, 2004_ 305-23-9229
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #